

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V63296** (0)  
1. Corporation Name  
**DIPLOMATIC SHOPPING, CORP.**



Principal Place of Business	Mailing Address
<b>134 SALAMANCA</b> <b>9B</b> <b>CORAL GABLES FL 33134</b> <b>US</b>	<b>134 SALAMANCA</b> <b>9B</b> <b>CORAL GABLES FL 33134</b> <b>US</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>10651 SW 108th Avenue</b>		26 <b>10651 SW 108th Avenue</b>		09/11/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>2D</b>		27 <b>2D</b>		65-0354800	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>Miami, Florida</b>		28 <b>Miami, Florida</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33176</b>	25 <b>US</b>	29 <b>33176</b>	30 <b>US</b>		

9. Name and Address of Current Registered Agent

**ARRIA, EDGARDO**  
**134 SALAMANCA AVENUE**  
**9B**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	<b>Arria, Edgardo</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10651 SW 108th Avenue</b>
83 Apt.	<b>2D</b>
84 City	<b>Miami,</b>
85 Zip Code	<b>FL 33176</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

01/22/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARRIA, EDGARDO</b>	1.2 NAME	<b>Arria, Edgardo</b>
STREET ADDRESS	<b>134 SALAMANCA AVE., 9B</b>	1.3 STREET ADDRESS	<b>10651 SW 108th Avenue; Ste. 2D</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GABRIELA, VERA</b>	2.2 NAME	<b>Vera, Gabriela</b>
STREET ADDRESS	<b>134 SALAMANCA AVE., 9B</b>	2.3 STREET ADDRESS	<b>10651 SW 108th Avenue; Ste. 2D</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edgardo Arria* / **EDGARDO ARRIA - PRESIDENT** 01/22/98 (305) 270-0654

CR2E034 (10/97)