Applied For

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V63296

Corporation Name

DIPLOMATIC SHOPPING, CORP.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90114 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/11/1992

4. FEI Number

21		26			65-0354800		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State			ate		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23   Zip	Country Zip		Country		8. This corporation owes the current year Int		
24	25	29 3	o		Personal Property Tax.	☐ Yes	□No
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
ADDIA EDOADDO				Name			-
ARRIA, EDGARDO				Street Add	ress (P.O. Box Number is Not Acceptable)		
10651 SW 108TH AVE #2D						•	
MIAMI FL 33176				3			
			84	City	FL	85 Zip C	ode
				<u> </u>	· <u></u>	shanging its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	/ the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo-	intment as req	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statute	s.			i
SIGNATURE Signature, Nowd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register  12. OFFICERS AND DIRECTORS  1:				ar aduarna iaduar	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	ARRIA, EDGARDO		1.2 NAME	ļ	: 1,		
STREET ADDRESS	10651 SW 108TH AVE #2D		1.3 STREI	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1.4 C/TY-	ST-ZIP			
TITLE	DV	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	VERA, GABRIELA		2.2 NAME				
STREET ADDRESS	ARREST CONTRACTOR AND		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176 2.4		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	Ì		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		[] (t)	- Addition
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP	,	DELETE	4.4 CITY-	ST-ZIP		Change	Addition
TITLE		□ DELETE	5.1 TITLE 5.2 NAME		•	C1 Olibrido	ا القديدة ا
NAME				ET ADDRESS			
SVREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			<i>-</i>	
STREET ADDRESS			63 STRE	ET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY-			,	
14 hereby o	pertify that the information supplied w	ith this filing does not qualify for t			Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the in	nformation

(4. 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, with all other like empowered.

SIGNATURE

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(305) 270-0659 Dayline Phone #

Daytifne Phone #

/80/11/08/