

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M19949** (0)

1. Corporation Name
DIAMONDS AND CHICKEN SOUP, INC.



Principal Place of Business: **828 LINCOLN RD. MIAMI BEACH FL 33139**
Mailing Address: **628 LINCOLN RD. MIAMI BEACH FL 33139**

21	2. Principal Place of Business	2a	Mailing Address
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	08/27/1985		04/11/1995
4.	FBI Number		Applied For
	59-2635809		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CHARIFF, LYLE
P. O. BOX 191016
MIAMI BEACH FL 33119**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 607.0305, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1	TITLE
NAME	CHARIFF, MARCY E	12	NAME
STREET ADDRESS	555 NE 15TH ST., #30D	13	STREET ADDRESS
CITY- ST- ZIP	MIAMI FL 33132	14	CITY- ST- ZIP
TITLE	V	2	TITLE
NAME	CHARIFF, JONATHAN	22	NAME
STREET ADDRESS	1220 NE 94TH ST	23	STREET ADDRESS
CITY- ST- ZIP	MIAMI SHORES FL	24	CITY- ST- ZIP
TITLE		3	TITLE
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY- ST- ZIP		34	CITY- ST- ZIP
TITLE		4	TITLE
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY- ST- ZIP		44	CITY- ST- ZIP
TITLE		5	TITLE
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY- ST- ZIP		54	CITY- ST- ZIP
TITLE		6	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY- ST- ZIP		64	CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Marcy E. Chariff* Apr 7 96 305-532-7687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)