

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

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Jan 15 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000045284 (5)

1. Corporation Name
Y. CILIBERTI DIAMONDS, INC.



Principal Place of Business
**36 NE 1ST ST
SEYBOLD BLDG. SUITE 512-516
MIAMI FL 33132
US**

Mailing Address
**36 NE 1ST ST
SEYBOLD BLDG. SUITE 512-516
MIAMI FL 33132-2403
US**

3. Date Incorporated or Qualified **06/24/1993** 3a. Date of Last Report **04/23/1996**

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0418763 | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 City & State | | 28 City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Zip Country | | 29 Zip Country | | 30 | | | |

9. Name and Address of Current Registered Agent
**CILIBERTI, YVETTE
36 NE 1ST ST
SEYBOLD BLDG. SUITE 512-516
MIAMI FL 33130**

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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 607.0505, Florida Statutes.

SIGNATURE **YVETTE CILIBERTI PRES.** DATE **1/10/97**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BERKOVIC, CHARLES | |
| STREET ADDRESS | 36 NE 1ST ST SUITE 512-516 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | PDST | <input type="checkbox"/> DELETE |
| NAME | CILIBERTI, YVETTE | |
| STREET ADDRESS | 36 NE 1ST ST SUITE 512-516 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do 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: **[Signature]** DATE **1/10/97** DAYTIME PHONE # **(305) 358-7478**

CR2E034 (9/96)