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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90112 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000088153

1. Corporation Name  
**DIAMONDS AND GOLD BY MICHAEL II, INC.**



Principal Place of Business C/O PAUL M. BLOOMGARDEN, P.A. 8551 W SUNRISE BLVD. SUITE 208 FT LAUDERDALE FL 33322	Mailing Address C/O PAUL M. BLOOMGARDEN, P.A. 8551 W SUNRISE BLVD. SUITE 208 FT LAUDERDALE FL 33322
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2612 SAWGRASS MILLS CIR</b> Suite, Apt. #, etc. 22 <b>1511</b> City & State 23 <b>SUNRISE FL</b> Zip 24 <b>33323</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/15/1998</b>	
		4. FEI Number <b>625-0876621</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLOOMGARDEN, PAUL M 8551 W SUNRISE BLVD, SUITE 208 FT LAUDERDALE FL 33322</b>				10. Name and Address of New Registered Agent	
81 Name <b>MICHAEL SAMOSKY</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>17551 SW 12TH ST</b>		83	
84 City <b>PEMBROKE PINES</b>		85 State <b>FL</b>		86 Zip Code <b>33029</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: *[Signature]* **MICHAEL J. SAMOSKY PRESIDENT** DATE: **4-22-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMOSKY, MICHAEL J</b>	1.2 NAME	
STREET ADDRESS	<b>17551 SW 12 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMOSKY, MERCEDES V</b>	2.2 NAME	
STREET ADDRESS	<b>17551 SW 12 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	2.4 CITY-ST-ZIP	
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 119.073(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 for on an attachment with an address, with a like empowered.

SIGNATURE: *[Signature]* DATE: **4.22.99** DAYTIME PHONE #: **954 835-0068**

CR2E034 (1/198)