

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90085 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V58365

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



Principal Place of Business 11401 PINES BLVD STE 270 PEMBROKE FL 33026 US	Mailing Address 11401 PINES BLVD 270 PEMBROKE PINES FL 33026 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/18/1992	4. FEI Number 65-0352782	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SAMOSKY, MICHAEL
 1131 NW 185TH AVE
 PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name SAMOSKY, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable) 17551 SW 12TH ST
83
84 City PEMBROKE PINES
85 State FL
86 Zip Code 33029

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: **4-26-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SAMOSKY, MICHAEL J.
STREET ADDRESS	1131 NW 185TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KLEIN, GERALDINE
STREET ADDRESS	3940 INVERRARY BLVD.,
CITY-ST-ZIP	LAUDERHILL 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

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAMOSKY, MICHAEL J.
1.3 STREET ADDRESS	17551 SW 12TH ST
1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLEIN, GERALDINE
2.3 STREET ADDRESS	11523 PUERTO BLVD
2.4 CITY-ST-ZIP	BOYNTON BCH, FL 33437
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE: **4-26-99** DAYTIME PHONE #: **954 438-0767**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CRZE034 (11/98)