

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

FILED
Mar 13 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 # 684147

(2)

1. Corporation Name
BRILLIANTS INTERNATIONAL, INC.



Principal Place of Business
36 N.E. 1ST STREET, SUITE 730
SEYBOLD BUILDING
MIAMI FL 33132-2403

Mailing Address
36 NE 1ST ST
#712
MIAMI FL 33132-2417
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
08/14/1980

3a. Date of Last Report
04/08/1996

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number
59-2020059

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

25. Country

28. Zip

30. Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDER, LAWRENCE D.
1328 SE 3RD AVE.
FT. LAUDERDALE FL 33316

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, as a duly qualified officer or director of the above-named corporation, hereby certify that the information furnished in this statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that the information furnished in this statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I hereby accept the appointment as registered agent for this corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

OFFICER OR DIRECTOR

(NOTE: Registered Agent signature required when relinquishing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP. MR. TITLE. NAME. STREET ADDRESS. CITY, ST., ZIP.

P
HAIM, DAVID
412 POINCIANA DRIVE
HALLANDALE FL
V
HAIM, FANNY
412 POINCIANA DRIVE
HALLANDALE FL

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1.1 TITLE
1.2 NAME
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2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition
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14. I further 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 furnished in this statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I hereby certify that the information furnished in this statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I hereby accept the appointment as registered agent for this corporation and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on the Florida Department of State's list of registered agents on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97 (305) 374-0132

CR2E034 (9/96)