

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

65-0876621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2612 SAWGRASS MILLS CIR  
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

22 1511  
City & State

23 SUNRISE FL  
Zip

24 33323 Country  
25 USA

27  
City & State

28  
Zip

29 Country  
30

9. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M  
8551 W SUNRISE BLVD, SUITE 208  
FT LAUDERDALE FL 33322

10. Name and Address of New Registered Agent

81 Name MICHAEL SAMOSKY  
82 Street Address (P.O. Box Number is Not Acceptable)  
17551 SW 12TH ST  
83  
84 City PEMBROKE PINES FL 85 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, typed or printed name of registered agent and title if applicable

MICHAEL J. SAMOSKY PRESIDENT

DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SAMOSKY, MICHAEL J  
STREET ADDRESS 17551 SW 12 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ DELETE  
NAME SAMOSKY, MERCEDES V  
STREET ADDRESS 17551 SW 12 ST  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 a like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99  
Date

954 835-0068  
Daytime Phone #

CR2E034 (11/98)

0302381