

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000001674

1. Corporation Name

BLUE DIAMOND AND GREEN DIAMOND MASTER ASSOCIATIO
N, INC.

Principal Place of Business

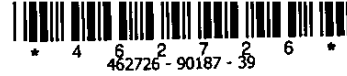
4775 COLLINS AVE
MIAMI BEACH FL 33140

Mailing Address

4775 COLLINS AVE
MIAMI BEACH FL 33140

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

04-30-1999 90187 039 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/26/1997

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
C/O FREEMAN-BUTTERMAN & HABER
520 BRICKELL KEY DR SUITE 0-305
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

GERALD K. SCHWARTZ

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

1688 MERIDIAN AVE., SUITE 610

83

84 City

MIAMI BEACH

FL

85 Zip Code
33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ATHAYDE, MUCIO
STREET ADDRESS 4775 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VSD
NAME MOTANDON, SELME A
STREET ADDRESS 4775 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE STD
NAME FIGUEREDO-DORES, LUIZ A
STREET ADDRESS 4775 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE AS
NAME FREEMAN, STEPHEN A
STREET ADDRESS 520 BRICKELL KEY DR, #0-305
CITY-ST-ZIP MIAMI FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 617, 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 REQUIRED MUCIO ATHAYDE
PRESIDENT

(305) 673-6644

Date

Daytime Phone #

CR2E037 (1/198)

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