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**

DOCUMENT # P9700080196

1. Corporation Name

B.I.J. DIAMONDS, INC.

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

04-30-1999 90022 029 ***150.00



Principal Place	e of Business	Mailing Address				
2500 PARKVIEW DR. SUITE 2021 2500 PARKVIEW DR. HALLANDALE FL 33009 HALLANDALE FL 3300			1			
TINEDAMEL	2 30003	THE HOME I'V OUGO		DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualifed		
2. Principal P	lace of Bysiness	2a. Mailing Address	<u> </u>	4, FEI Number	Ap	plied For
21 (88)	of BISCANNE DUID	26 0		65-0779841	No.	t Applicable
Suite, Apt.	#_etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22 Doo	th 6A	Perez, Behar	& Assoc., Inc.	3. Corandate of States 252	Fee Re	
City & Stat		City & 44430 N. E. 10		6. Election Campaign Financing	□ \$5.00	
23 N. H	19mi beach PL	28 N. Miami, FL		Trust Fund Contribution	Added	o Fees
Zip 331	Country	— · ·	Country	8. This corporation owes the curre	nt year Intangible ☐ Yes	□No
24 221	9. Name and Address of Current	29 30		Personal Property Tax. 10. Name and Address of New Ro		
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New N	· ·	
PER	EZ, BEHAR & ASSOCIATES, INC.					
14730 NE 10TH AVE.			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	\
N. M	IIAMI FL 33161		83			
			84 City		FL 85 Zip 9	Code
44 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes, th	ll e above-named corp	oration submits this statement for the p	purpose of changing its	registered
office or r	registered agent; or both, in the State om familiar with, and accept the obligation	of Florida. Such change was authori	ized by the corporation	on's board of directors. I hereby accept	the appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if englicable (NOTE: Regist	tered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	R\$ IN 12
TITLE	D		.1 TITLE		☐ Change	☐ Addition
NAME	NEKTALOV, BORIS		,2 NAME			Į
STREET ADDRESS	2500 PARKVIEW DR., SUITE 20	21	3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009		.4 CITY-ST-ZIP			
TITLE		☐ DELETE 2	1 TILE		☐ Change	☐ Addition
NAME		12	2 NAME			
STREET ADDRESS		2	3 STREET ADDRESS			
CITY-ST-ZIP		2	2.4 CITY-ST-ZIP			
TILE		DELETE3	1.TITLE		Change	Addition_
NAME		3	3.2 NAME			
STREET ADDRESS		3	3.3 STREET ADDRESS			Ì
CITY-ST-ZIP		3	8.4. CITY-ST-ZIP		<u>-</u>	
TITLE		☐ DELETE 4	I.1 TITLE		☐ Change	☐ Addition (
NAME		4	I, 2 NAME			
STREET ADDRESS		4	3 STREET ADDRESS		•	
CITY-ST-ZIP			I.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		☐ Change	☐ Addition
NAME	,		5.2 NAME		,	Ì
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			.4 CITY-ST-ZIP			
TITLE		<u> </u>	3.1 TITLE		Change	☐ Addition]
NAME	. "	.	3.2 NAME			i
						I
STREET ADDRESS			3.3 STREET ADDRESS			

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 of 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 a attachment with an address, with all other like empowered.