

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 456458 (9)

1. Corporation Name

DIAMONDS UNLIMITED, INC.



Principal Place of Business

Mailing Address

~~1401 BRICKELL AVENUE~~
MIAMI FL 33131

~~1401 BRICKELL AVENUE~~
MIAMI FL 33131

3. Date Incorporated or Qualified
07/05/1974

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 7318 S.W. 48TH STREET

26 7318 S.W. 48TH STREET

4. FEI Number

59-1545722

Applied for
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI

28 MIAMI

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33155

29 33155

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

LEACH, NEIL

~~1401 BRICKELL AVENUE~~
MIAMI FL 33131

81 Name

NEIL E. LEACH

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

7318 S.W. 48TH STREET

83

84 City

MIAMI

FL

85 Zip Code

33155

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

(If Not: Registered Agent Signature Required When Not Being Left)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEACH, NEIL
STREET ADDRESS ~~1401 BRICKELL AVE~~
CITY-ST-ZIP MIAMI FL

11 TITLE PERS./DIR.
12 NAME NEIL E. LEACH
13 STREET ADDRESS 7318 S.W. 48TH STREET
14 CITY-ST-ZIP MIAMI, FL. 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pers.

6-4-96

305-663-1994

CR2E034 (3/96)