## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

**DOCUMENT #** 1. Corporation Name

(8)

Mailing Address

FABULOUS DIAMONDS OF HIALEAH, INC.

599 WEST 49TH ST. HALEAH FL 33012			655 N.W. 571M AVENUE MIAMI FL 33126 US			3. Date incorporated or Qualified 3a. Date of Le 08/16/1976 05/0		
2. Principal Place of Business		2a.	2a. Mailing Address			4. FET Number		
[21]		26	26			59-1683866		Not A
Suite, Apt. #, etc.		27	Suite, Apl. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> Add Fee Requ
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution  S5.00 M Added to		
Zip	Country 25	29	Zip	Country 30		110 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s []No	
24 25 29 29 9, Name and Address of Current Regis					10	10. Name and Address of New Registered Agent		
9.	Name and Address of Co	intent negi	steree Agent	81 Name		Massana	-	



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

CR2E034 (12/95)

3	T. Country	Z(p	Country	8. This corporation has tal	bility for intangible tax under s. 199.032,				
Zip ⊐	Country	29	30	Florida Statutes	Yes No				
4	9. Name and Address of Current		1001	10. Name and Address o	f New Registered Agent				
	9. Name and Address of Carlotte		81 Name	~					
041,014	AND ASSESSED A.		20 00 00	Glenn Targac  62 Street Address (P.O. Box Number is Not Acceptable) 655 N.W. 57th Avenue  83					
	AND X MANUEL XAX		82 Street Ad						
	K <b>S</b> XIH XVEX								
KMMM	<b>X 83486</b> X				<b>■.</b> 85 Zip Code				
			84 City	Miami	FL     33126				
11. Pursuant to	the provisions of Sections 607,0502 a	and 607.1508, Florida Statute	es, the above named cor	poration submits this statement to	or the purpose of changing its registered office the appointment as registered agent. I am				
or registered	agent, or both, in the state of Florida	a. Such change was authorize n 607.0505. Florida Statutes	ed by the corporations is in	loato o directora Thereby descrip					
	Mm Isu	رس	Glenn Ta	rqac	3/14 /96				
SIGNATURE	gnature, typed or printed name of register agent a	nd fitte if apolicable (NO	TE: Bugishing Agent separtive re-	junua wha i remutating)	DATE B TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND	DIRECTORS	13.		Change Addition				
TITLE	xfx	DELETE	1 1 TITLE	P	Change Change				
NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		1.2 NAME	Glenn Targac	Arranya				
STREET ADDRESS	X1020XXXXAX		1.3 STHEET ADDRESS	655 N.W. 57th					
CITY-ST-ZIP	XCORMXCABLES *K		1.4 CITY - ST - ZIF	Miami, Florida	3 3 1 2 6 Change Addition				
TITLE	XSX	DELETE	2 1 TITLE	D					
NAME	xferbox ##IQx		2.2 NAME	Eloisa Ferro 1 655 N.W. 57th					
STREET ADDRESS	X6986XSKINDISEXORX		23 STREET ADDRESS	Miami, Florida					
CITY-ST-ZIP	XMANI RIX33138		2 4 CHY-\$1-ZIP	D	Change ( ) Addition				
TVTLE	XX	☐ DELETÉ	3. 1 TiTLF	Simon Ferro	5				
NAME	XPERDOX ANGELLIM		3.2 NAME	655 N.W. 57th	Avenue				
STREET ADDRESS	X4831X\$XVX X2XVDX\$X.		3.3 STHEET ADDRESS	Miami, Florida					
CITY - S1 - ZIP	XMANU RIX38 XAS	DELETE	4.1 TITLE	S/D	Change Addition				
TITLE			4.2 NAME	Julio Ferro					
NAME			4.3 STREET ACCRESS	655 N.W. 57th	Avenue				
STREET ADDRESS			4.4 City - St - ZIP	Miami, Florid	a 33126				
CITY - ST- ZIP		T DELETE	5 1 TITLE	V/Ď	Change Addit on				
TITLE		□ ptreve	5.2 NAME	Angel M. Ferr	0				
NAME			53 STREET ADDRESS	655 N.W. 57th	Avenue				
STREET ADDRESS			5.4 CITY - ST - ZIP	Miami, Florid	a 33126				
CITY-SI-ZIP		DELETE	6 1 NILE		Change Addition				
1111.6			6.2 NAME						
NAME			63 STREET ADDRESS						
STREET ADDRESS			CADITY OF 710						
CITY-ST-ZIP	v certify that the information supplied v	with this filing is voluntarily fur	nished and does not gue	alify for the exemption stated in Se	oction 119.07(3)(k). Florida Statutes. I further Il have the same legal effect as if made under				
certify that	the information indicated on this annu-	ial report or supplemental an tration or the receiver or trust	nual report is true and ac ee enipowered to execut	ocurate and maciny signature snd te this report as required by Chap	If have the same legal effect as if made under ter 607, Florida Statutes; and that my name				
14. I do hereby certify that the information supplied with this limit is followed as it made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify 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 12 it changed, or off a steel-ment with an address.									

President SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 264-2773 3/14 /96 Line

Daytonic Pt. Inc. 4