

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

**APPROVED AND FILED**

**95 APR 19 PM 11:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|   |   |  |
|---|---|--|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 582385 (1)**

1. Corporation Name  
**DELTA DIAMONDS CORP.**

|   |   |
|---|---|
| Principal Place of Business<br><b>36 N.E. 1ST ST. SEYBOLD BUILDING, ROOM 800<br/>MIAMI FL 33132</b> | Mailing Address<br><b>36 N.E. 1ST ST. SEYBOLD BUILDING, ROOM 800<br/>MIAMI FL 33132</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/16/1978</b>   | 3a. Date of Last Report<br><b>04/27/1994</b>           |
| 4. FEI Number<br><b>59-1846387</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                               |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address           |
| 21<br>Suite, Apt. #, etc.      | 26<br><b>P.O. Box 141876</b>  |
| 22<br>City & State             | 27<br><b>Coral Gables Fl.</b> |
| 23<br>Zip                      | 28<br><b>3314-1876</b>        |
| 24<br>Country                  | 29<br><b>DADE</b>             |

9. Name and Address of Current Registered Agent

**SOUSA, SERAFIN  
36 N.E. 1ST STREET  
SEYBOLD BUILDING, ROOM 800  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1255 BIRD RD</b> |
| 83   |
| 84 City<br><b>CORAL GABLES</b>   |
| 85 Zip Code<br><b>FL 33146</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>PST</b>                |
| NAME            | <b>SOUSA, SERAFIN</b>     |
| STREET ADDRESS  | <b>36 N.E. 1ST STREET</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>           |
| TITLE           | <b>D</b>                  |
| NAME            | <b>SOUSA, SERAFIN</b>     |
| STREET ADDRESS  | <b>36 N.E. 1ST STREET</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| 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           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  | <b>1255 BIRD RD.</b>   |
| 1.4 CITY - ST - ZIP | <b>CORAL GABLES FL. 33146</b>  |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  | <b>1255 BIRD RD</b>  |
| 2.4 CITY - ST - ZIP | <b>CORAL GABLES FL. 33146</b>  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 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 110.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: **4-10-95**