

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 684147

(2)

1. Corporation Name  
BRILLIANTS INTERNATIONAL, INC.



Principal Place of Business  
36 N.E. 1ST STREET, SUITE 730  
SEYBOLD BUILDING  
MIAMI FL 33132-2403

Mailing Address  
36 NE 1ST ST  
#712  
MIAMI FL 33132-2417  
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
08/14/1980

3a. Date of Last Report  
04/08/1996

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number  
59-2020059

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23. Zip

25. Country

28. Zip

30. Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

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

FELDER, LAWRENCE D.  
1328 SE 3RD AVE.  
FT. LAUDERDALE FL 33316

81. Name

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

83.

84. City

FL

85. Zip Code

11. I, the undersigned, as a person named in Sections 607.0502 and 607.0505, 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

(Name of Signer) (Name of Registered Agent/signature required when relinquishing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

MR  
MRS  
SUFFIX  
DOB STATE  
TITLE  
NAME  
SUFFIX  
CITY STATE  
ZIP  
MR  
MRS  
SUFFIX  
CITY STATE  
ZIP  
MR  
MRS  
SUFFIX  
CITY STATE  
ZIP  
MR  
MRS  
SUFFIX  
CITY STATE  
ZIP  
MR  
MRS  
SUFFIX  
CITY STATE  
ZIP  
MR  
MRS  
SUFFIX  
CITY STATE  
ZIP

P  
HAIM, DAVID  
412 POINCIANA DRIVE  
HALLANDALE FL  
V  
HAIM, FANNY  
412 POINCIANA DRIVE  
HALLANDALE FL

DELETE  
 DELETE  
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1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition  
 Change  Addition  
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 Change  Addition

14. I certify and warrant that the return filed complies with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished 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 a resident of this state, or a resident 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 on the Florida Department of State's records on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97 (305) 374-0132

CR2E034 (9/96)