

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

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**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90129 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 684147**  
 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 33132-2403 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 08/14/1980

4. FEI Number: 59-2020059

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**FELDER, LAWRENCE D.**  
**1326 SE 3RD AVE.**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent (81-85)

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	HAIM, DAVID	
STREET ADDRESS	412 POINCIANA DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	V	DELETED
NAME	HAIM, FANNY	
STREET ADDRESS	412 POINCIANA DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date: 2/8/99 Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)