

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **R48809**

1. Corporation Name
UNITED DIAMOND DISTRIBUTION CORPORATION

Principal Place of Business 1570 Madruga Avenue Suite 211 Coral Gables, FL 33146	Mailing Address 1570 Madruga Avenue Suite 211 Coral Gables, FL 33146
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3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2136521 Applied For Not Applicable	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 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

**Barns, Jr., Paul D.
1570 Madruga Avenue
Suite 211
Coral Gables, FL 33146**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	FRYDMAN, LEOPOLD	☐ Change ☐ Addition	
STREET ADDRESS	1570 Madruga Avenue, Suite 211	13 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	22 NAME
VD	FRYDMAN, PHILLIPPE	☐ Change ☐ Addition	
STREET ADDRESS	1570 Madruga Avenue, Suite 211	23 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	32 NAME
SD	BARNES, PAUL D. JR.	☐ Change ☐ Addition	
STREET ADDRESS	1570 Madruga Avenue, Suite 211	33 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146	34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	42 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	52 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	62 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Paul D. Barnes, Jr. 1/31/97 666-6177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)