## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Addre
580 5TH AVE NY NY 10036	580 5TH AVE NY NY 10038

## FILED Aug 24, 1999 8:00 am Secretary of State 08-24-1999 90001 026 \*\*\*550.00

RACHMINOV DIAMONDS INTERNATIONAL CORPORATION  Mailing Address 30 5114 AVE W NY 10008  Mailing Address 30 5114 AVE W NY 10008  Application of Business 30 5114 AVE W NY 10008  Application of Business 30 5114 AVE W NY 10008  Application of Business 30 5114 AVE Not recommended or Qualified QU28/1997  Application of Business 30 5114 AVE Not recommended or Qualified QU28/1997  Application of Business 30 5114 AVE Not recommended or Qualified QU28/1997  Application of Business 30 5114 AVE Not recommended or Qualified QU28/1997  Application of Business 30 5114 AVE Not recommended or Qualified QU28/1997  Application of Business 30 5114 AVE Suita, Apt. # etc.  21	DOCU!	MENT # <b>F9700</b> 0	0001055			
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SO STH AVE   WY N' 1008						
NY NY 10038  NY NY 10038  AV 10038  NY NY 10038  AV 1003	,	e of Business	<del>-</del>			
S. Date Incorporated or OUT WRITE IN THIS SPACE			•			
2. Principal Plage of Business	NI NI 10000		NT NT 10000			DO NOT WRITE IN THIS SPACE
22, Principal Plago of Business   32, Mailing Address   4, FEI Number   33-959854   30, Mol Applicable For Not Applied For Suite, Apt. #, etc.   52, Suite, Apt. #, etc.   52, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired   58,75 Additional Fee Required City & State   5, Certificate of Status Desired City & State   5, Certificate of Status Desired City & State   5, Certificate Of New Registered Agent   5, Certificate Of New Registered Agen						3. Date Incorporated or Qualified
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Suite, Apt. #, etc. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		
City & State	1		26			
City & State    City & State	Suite, Apt.	#, etc.	— · · ·			5 Certificate of Status Desired
28   Trust Fund Contribution   Added to Fees   Added to Fees   20   20   20   20   20   20   20   2	2					
Zip Country Zip Sign Sign Sign Sign Sign Sign Sign Sign	¬ '	e	<del> </del>			
S. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE FL 32301  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  53		Country		Cou	intry	
3. Name and Address of Current Registered Agent  NRAI SERVICES, INC. \$26 E PARK AVE TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code	¬ ·		<del>                                     </del>	$\vdash$	,	
NRAI SERVICES, INC. \$28 E PARK AVE TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83	4			50		
S28 E PARK AVE TALLAHASSEE FI. 32301  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the adverse of comment of the provisions of sections 607.0502 and 607.1508, Florida Statutes, the adverse of comment of the provisions of sections 607.0502 and 607.1508, Florida Statutes, the adverse of comment of the purpose of changing its 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, the adverse of 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, 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, 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, the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a familiar wit		· · · · · · · · · · · · · · · · · · ·			81 Name	
S28 E PARK AVE TALLAHASSEE FL 32301  B4 City FL 85 Zip Code  11. Pursuant to the provisions of sections 607 6502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are familiar with, and accept the obligations of, section 607 6505, Florida Statutes.  SIGNATURE  SIGNATURE  TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  TO OFFICERS AND DIRECTORS 14. TITLE  TO Change Addition  Addition  SIGNATURE  TO OFFICERS AND DIRECTORS 15. TITLE  TO Change Addition  Addition  SIGNATURE  TO OFFICERS AND DIRECTORS IN 12. TITLE  TO Change Addition  Addition  SIGNATURE CALL TITLE  TO Change Addition  TO C					82 Street Addr	ess (P.O. Box Number is Not Acceptable)
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14. I hereby contife that the information applied with this filing does not qualify for the exampling stated in section 119 07/3/(i) Florida Statutes I further certify that the information	STREET ADDRESS			6.3 ST	REET ADDRESS	
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 is the corporation of the	CITY-ST-ZIP					
an officer or director of the corporation of the receiver of the expenses of the corporation of the corporat	14. I hereby ce	ertify that the information supplied w	ith this filing does not qualify for	the exemp	otion stated in sect	tion 119.07(3)(i), Florida Statutes. I further certify that the information
	an officer of	or director of the corporation or the	eceiver or rustee empowered	to execute	this report as rec	quired by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE:

212-921-3300