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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1998 8:00am
Secretary of State

DOCUMENT # H83910 (0) 1. Corporation Name DIAMONDS FROM BELGIUM, INC.						
Principal Place of Business 1484 RIVIERA DR KISSIMMEE FL 34744 US		Mailing Address P O BOX 422769 KISSIMMEE FL 34742-769 US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 11/04/1985		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		[26]		59-2608680	Not Applicable	
Suite, Apt	#, ⊕ IC.	Surte, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Z ip	Country 25	2η· 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible	
	9. Name and Address of Cur		[30]	10. Name and Address of New Register		
SU KIS	I E RUBY AVE ITE B SIMMEE FL 34741 to the provisions of Sociloris 607.9 egistered agent, or troth, in the St m terminar with, and is each the of	ate of Florida. Such channe was	83 84 City Lies, the above-named authorized by the con-	Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable)	EL 85 Zip Code 347 44 se of changing its registered	
SIGNATURE	Signature typed og moleculary on control or on		म् सिल्वाडोलावर्य Agent signature	required when reinstating) [IA]	ΙΕ	
12.	PSD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TIFLE NAME	HUPERT, SIMONE	L DEFETE	1.1 TITLE 1.2 NAME	PSD STMONE	Change Addition	
STREET ADDRESS	1484 RIVIERA DR.		1.3 STREET ADDRESS	HUPERT, SIMONE POBOX 422769 148	4 REVIBRADA	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY - S1 - ZIP	KISSIMMAB, FL 3	4744-2769	
TITLE		DELETE	2.1 1111.6		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		· 	
CITY-ST-ZIP	_		34 CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP		DUETE	4.4 CITY - ST - 7IP		Change Addition	
TITLE :		☐ DELETE	5.1 TITLE 5.2 NAME	2000025643	· /	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	-06/18/98010S0	-044	
CITY-ST-ZIP			5.4 CITY - ST- ZIP	***150,00	-m 1 \	
TITLE		DELETE	6.1 THILE		Change Addition	
NAME			6.2 NAME		, 17	
STREET ADDRESS			6.3 STREET ADDRESS		6	
CITY-ST-ZIP			6 4 CITY - S1 - ZIP		W	
	ertify that the information supplies	d with this filling does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I furthe	r certily by the information	

In hereby certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under outly, that I am an officer or director of the corporation or the individual environment with an address.
Block 12 or Block 13 if changes of the arrival inherit with an address.

SIGNATURE:

04-30-05

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