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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M19949

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DIAMONDS AND CHICKEN SOUP, INC.

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Feb 18 1997 8:00an	n
Secretary of State	

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Principal Place of	f Business	Mailing Address				f till if bis edt tilbilt illite tillite atala tari	#1411 B\$#\$4 #11	/10 MINIO ALMOS (31911 1941	
828 LINCOLN RD. MIAMI BEACH FL										
						3. Date Incorporated or Qualified 08/27/1985		e of Last R 1/1996	eport	
2. Principal Plac	e of Business	2a, Mailing Address				4, FEI Number 59-2635809			oplied For ot Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State		City & State				& Floation Compaign Financing			May Be	
23		28				Election Campaign Financing Trust Fund Contribution		Added 1		
Zip	Country	Zip	Cox	intry	,	8. This corporation has liability for			. 199.032,	
24	25	29	30				Yes [
	g. Name and Address of Curre	nt Registered Agent		-	T-5:	10. Name and Address of New Re	glatered A	gent		
	FF, LYLE			81	Name					
	30X 191016			82	Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		, , , , , , , , , , , , , , , , , , , 	
MIAMI	BEACH FL 33119			83	 				···	
					<u> </u>					
				84	City		FL	65 Zip	Code	
44 Durnugat to	the provinces of Sections 607 050	22 and 607 1508 Florida Stat	tutes the s	bove	e-named co	orporation submits this statement for the p		changing i	ts registered	
office or red	istered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change wa	s authorize	ed b∖	v the corbor	ration's board of directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE	mature, typed or printed name of registered ag		OTC. D. Salar	al ital		guired when reinstating)	DATE			
12.		ID DIRECTORS	13.	o Aye	and proprietors and	`ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12	
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	55 NE(157H)31; #300>		1.3 \$	TAEET	T ADDRESS	7.40 00 01	6	770	ひ	
	MAMIFE 33132 +		1.4 0	HY-S	ST-ZIP	Misme PC 3:	138			
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	CHARIFF, JONATHAN			IAME	1		- الد مد	3 65		
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NAME				NAME		•				
STREET ADDRESS					T ADDRESS					
CITY-ST-ZiP					ST-ZIP	ted in Section 119 07(3)(i) Florida Statut	16	a a mile , the	i ib a	

14. I do 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 attactyment with an address.

SIGNATURE:

MANAGE AND TYPED ON PRINTED WANTE OF SIGNING OFFICER OR THEFTOR

13/97 30(-532-768