


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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # M31107 (9) 1. Corporation Name AMERICAN DIAMOND EXCHANGE INC.		

Principal Place of Business 4298 SOUTH UNIVERSITY DRIVE DAVIE FL 33328-3007	Mailing Address 4298 SOUTH UNIVERSITY DRIVE DAVIE FL 33328-3007
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/25/1986	
4. FEI Number 59-2671685		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent	

9. Name and Address of Current Registered Agent ROEDER, GIL 4298 SOUTH UNIVERSITY DRIVE DAVIE FL 33314		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *Gil Roeder* DATE 1/8/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	DAVIE FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	DAVIE FL	2.1 TITLE	2.2 NAME
	DAVIE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	DAVIE FL	3.1 TITLE	3.2 NAME
	DAVIE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	DAVIE FL	4.1 TITLE	4.2 NAME
	DAVIE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	DAVIE FL	5.1 TITLE	5.2 NAME
	DAVIE FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	DAVIE FL	6.1 TITLE	6.2 NAME
	DAVIE FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.

SIGNATURE: *Gil Roeder* DATE: 1/8/98 FILING FEE: 954.4236451

CR2E034 (10/97)