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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M32749



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90147 027 ***150.00

	ISCOUNT DIAMONDS, INC.							
Principal Place	e of Business	Mailing Address			1 108/5231 100 11(10 1131) 10031 01011		Alt #1251 Alanı &	(BI) DIBII (BBI
36 NE 1ST ST.	SUITE 1020	36 NE 1ST ST., SUITE 1020)	•				
MIAMI FL 33132-2414 MIAMI FL 33132-2414					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
	•				05/28/1986		·	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21 26 Suite Act			A		59-2803246			t Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A	
22		City & State			5 Floation Compaign Financing		\$5.00	·
City & State		28		6. Election Campaign Financing Trust Fund Contribution		Added t		
Zip	Country	Zip	Count	ry	8. This corporation owes the current	nt vear Inta		
24	25	— · ·	30		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current				10. Name and Address of New Re	gistered A	Agent	
	,	•	8	1 Name				}
MANELIS, YGAL			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
1841 NE 196TH STREET			L		<u> </u>			
MIA	MI FL 33179		3 	33				
			8	14 City		FL	85 Zip (Code
	2020 200	4 CO2 4500 Florida Statuta	a the abo	wo named com	oration submits this statement for the n		changing its	registered
office or a agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	ithorized t ida Statut	by the corporations.	poration submits this statement for the poon's board of directors. I hereby accept	the appoir	ntment as re	gistered
SIGNATURE		ALOTE:	Desistered &	gent signature require	ad when reinstation)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	gent signature require	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD ·							
NAME	· -	☐ DELETE	1,1 TITL	- 1			Change	☐ Addition
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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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP