

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44670** (0)
1. Corporation Name
DIAMOND DEALERS CLUB OF FLORIDA, INC.



Principal Place of Business
**36 N.E. FIRST ST.
SUITE #429
MIAMI FL 33132**

Mailing Address
**36 N.E. FIRST ST.
SUITE #429
MIAMI FL 33132**

3. Date Incorporated or Qualified
08/14/1991

3a. Date of Last Report
06/16/1995

2. Principal Place of Business
21 **169 E. Flagler ST.**
Suite, Apt. #, etc.
22 **1037**
City & State
23 **Miami, FL**
Zip
24 **33131**

2a. Mailing Address
25 **169 E Flagler ST**
Suite, Apt. #, etc.
27 **1037**
City & State
28 **miami, FL**
Zip
29 **33131**

Country
25 **DADE**
Country
30 **DADE**

4. FEI Number
65-0289602

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution
☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TENHAGEN, JOSEPH W.
36 NE 1ST STREET #419
MIAMI FL 33132**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEREK PARSONS	
STREET ADDRESS	36 NE 1ST ST. #929	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TIBOR STERN	
STREET ADDRESS	36 NE 1ST ST. #715	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERT PARKER	
STREET ADDRESS	36 NE 1ST ST #1030	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOSEPH . TENHAGEN	
STREET ADDRESS	36 NE 1ST ST. #419	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERKEY, GENE	
STREET ADDRESS	139N.E. 1ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEREK PARSONS	
1.3 STREET ADDRESS	169 E Flagler ST	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIBOR STERN	
2.3 STREET ADDRESS	169 E Flagler ST	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gilbert Parker	
3.3 STREET ADDRESS	36 N.E. 1ST ST #1030	
3.4 CITY-ST-ZIP	Miami, FL 33132	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001760021	
5.3 STREET ADDRESS	-03/27/96--01091--017	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gene Berkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Date

305-377-1289

Daytime Phone #

CR2E037 (12/95)