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FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44670

1. Corporation Name

Diamond Dealers Club of Florida, Inc.

Principal Place of Business

Mailing Address

**169 E. Flagler Street
Suite 1037
Miami, Florida 33132**

**169 E. Flagler Street
Suite 1037
Miami, Florida 33132**

3. Date Incorporated or Qualified

08/14/1991

3a. Date of Last Report

06/07/1996

4. FEI Number

65-0289602

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**Joseph W. Tenhagen
36 N.E 1st. Street
Suite 419
Miami, FL 33132**

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)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President D	<input type="checkbox"/> DELETE
NAME	Joseph W. Tenhagen	
STREET ADDRESS	36 N.E 1st. Street, Suite 419	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	Vice-President D	<input type="checkbox"/> DELETE
NAME	Mark Feldman	
STREET ADDRESS	169 E Flagler Street Suite 918	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	Secretary D	<input type="checkbox"/> DELETE
NAME	Mitchell Swerdlow	
STREET ADDRESS	36 N.E 1st. Street Suite 942	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	Chairman of the Board	<input type="checkbox"/> DELETE
NAME	Donald Kaufman T	
STREET ADDRESS	169 E. Flagler Street Suite 1000	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	Ygal Manelis T	<input type="checkbox"/> DELETE board
NAME	36 N.E. 1st Street Suite 1020	
STREET ADDRESS	Miami FL 33132	
CITY-ST-ZIP	33132	
TITLE	Hane Bertey T	<input type="checkbox"/> DELETE board
NAME	137 N.E. 1st Street	
STREET ADDRESS	Miami FL 33131	
CITY-ST-ZIP	33131	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-97

Date

305-358-1884

Daytime Phone #

CR2E037 (9/96)