

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000013635 (6)

1. Corporation Name

FABULOUS DIAMOND'S OF WESTCHESTER, INC.



Principal Place of Business

8859 SW 24TH ST
MIAMI FL 33165
US

Mailing Address

655 N.W. 57 AVE.
MIAMI FL 33126

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
05/01/1995

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

9. Name and Address of Current Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

4. FEI Number

65-0417336

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

Glenn Targac

82 Street Address (P.O. Box Number is Not Acceptable)

655 N.W. 57th Avenue

83

84 City

Miami

FL

85 Zip Code

33126

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

Glenn Targac
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when not using)

Glenn Targac

3/ 14 /96

12. OFFICERS AND DIRECTORS

TITLE	☒ DELETE
NAME	XXXXXXXXXXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP	XXXXXXXXXXXX FL
TITLE	☒ DELETE
NAME	XXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP	XXXXXXXXXXXX FL
TITLE	☒ DELETE
NAME	XXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP	XXXXXXXXXXXX FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	P Glenn Targac
3. STREET ADDRESS	655 N.W. 57th Avenue
4. CITY - ST - ZIP	Miami, Florida 33126
5. TITLE	☐ Change ☐ Addition
6. NAME	D Eloisa Ferro Morales
7. STREET ADDRESS	655 N.W. 57th Avenue
8. CITY - ST - ZIP	Miami, Florida 33126
9. TITLE	☐ Change ☐ Addition
10. NAME	D Simon Ferro
11. STREET ADDRESS	655 N.W. 57th Avenue
12. CITY - ST - ZIP	Miami, Florida 33126
13. TITLE	☐ Change ☐ Addition
14. NAME	S/D Julio Ferro
15. STREET ADDRESS	655 N.W. 57th Avenue
16. CITY - ST - ZIP	Miami, Florida 33126
17. TITLE	☐ Change ☐ Addition
18. NAME	V/D Angel M. Ferro
19. STREET ADDRESS	655 N.W. 57th Avenue
20. CITY - ST - ZIP	Miami, Florida 33126
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn Targac* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14 /96 (305) 264-2773
Date Expiration Date #

CR2E034 (12/95)