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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P93000059558 (5)

1. Corporation Name

GOLD AND DIAMOND CENTER MANUFACTURING, INC. Principal Place of Business Mailing Address



	AVENUE N.E. SBURG FL 33704		222 37TH AVENUE N.E. St Petersburg FL 33704					
						3. Date Incorporated or Qualified 08/19/1993	3a. Date of La 03/0	st Report 3/1995
2. Principal Pla	ace of Business	2a. Mailing Ade	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26	26			59-3201075	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apl	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		.75 Additional ee Required	
City & State	3	} ´	Oily & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be
Zip	Country	Zφ	Coun	trv		8. This corporation has liability for		·
24	25	29	30	30		1	s 🔲 No	
-	9. Name and Address of C	urrent Registered Agen	t			10. Name and Address of New I	Registered Agent	t
				31	Name			
	EN, HIEN		-	32	Street Addre	ess (P.O. Box Number is Not Acceptal	nle)	
	RST AVE N					ess (* 10. 20x 110 liber le yter / leceptal	JIC)	
ST PE	TERSBURG FL 33701		[8	33				
			- -	34	City			Zip Gode
							FL 85	'
or registere	o the provisions of Sections 607, ed agent, or both, in the State of th, and accept the obligations of,	-Fionda, Such change wa	is authorized by the co	e-na orpo	amed corpora ration's boar	ation submits this statement for the pured of directors. I hereby accept the app	rpose of changing jointment as regist	its registered office ered agent. I am
SIGNATURE								
	Signature, typed or printed name of registero	Lagent and title Laggification S AND DIRECTORS	(NOTe: Rieg stered A	gent gent	signature regulared		DATE	
12.	P	B AND DIRECTORS	13. ELETE 1 TIII			ADDITIONS/CHANGES TO OFF		
NAME	NGUYEN, HIEN	<u>_</u> 0,	1.2 NAM				☐ Cha	nge 🔲 Addition
STREET ADDRESS	452 FIRST AVE N.				ADDRESS			
CITY - ST - ZIP	ST. PETERBURG FL		1.5 S/m					
TITLE		D			· ZII'		Cha	nge 🗍 Addition
NAME	1	.	2 2 NAM					go
STREET ADDRESS			i		ADDRESS			
CITY-ST-ZIP			2.4 CiTy					
TITLE		DE					Cha	nge 🔲 Addition
NAME			3.2 NAM					
STREET ADDRESS			33 STR	EET A	ADDRESS			
CITY - ST - ZIP			3.4 CITY	- ST-	-712			
ĭıĭL€		DE					☐ Cha	nge 🔲 Addition
NAME			42 N AN	1ť				
STREET ADDRESS			4 3 STRI	EET A	ADDRESS			
CITY - ST - ZIP			4 4 C IT Y	-51	-7iP			
TITLE		DE	ELETE 5.1 TITL	.É			☐ Cha	nge 🔲 Addition
NAME			5.2 NAM	ŧΕ				
STREET ADDRESS			5.3 STR	EET A	NDDRESS			
CHTY - ST - ZIP		<u></u>	5.4 D/TY		- ZIF			
TITLE		DE DE	LETE 6.1TTL	.F			☐ Cha	nge 🔲 Addition
NAME			6.2 NAV	I.				
STREET ADDRESS			6.3 STRI	EELA	ADDRESS			
CITY - ST - ZIP			6 4 CITY	-81	- 21F			

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 granged, or on an attachment with an address.

SIGNATURE: L

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR