FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MEN I # P9300 AND DIAMOND CENTER N	0059558 (5) Manufacturing, inc.			
Principal Plac	e of Business	Mailing Address		INDIINAL HIN DOIDN HILL BEILL DRELL DREIT DR	1101 BIRKO 18101 BILDI BILDI 1911 1901
222 37TH AVENUE N.E. ST PETERSBURG FL 33704		222 37TH AVENUE N.E. St Petersburg FL 33704		DO NOT WRITE IN	Tuic chace
				3. Date Incorporated or Qualified	THIS STACE
				08/19/1993	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3201075	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution L	
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	
-7	9, Name and Address of Curre		[30]	10. Name and Address of New Regist	
NG	UYEN, HIEN		81 Name		
452 FIRST AVE N			00 0	/0 C P: 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
ST PETERSBURG FL 33701			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			B3		·
			84 City		12-1 - 0 1
			1 1		FL 85 Zip Code
11. Pursuant I office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accopt the oblig	02 and 607.1508, Florida Statut e of Florida Such change was a gations of, Section 607.0505, Fk	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purpution's board of directors. I hereby accept the	ose of changing its registered a appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	and and title if are the old to (MCI)	f . Registered Agent signature requ	und who completical	476
12.			13.	C required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/OFFAINALS TO OFFICER	Change Addition
NAME	NGUYEN, HIEN		1.2 NAME		
STREET ADDRESS	452 FIRST AVE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERBURG FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET AUDRESS		
CITY-ST-ZIP			2 4 CHY-SI-ZIP		
TITLE		☐ DÉLET E	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dor. cze	3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAMF		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4.0ft Y - ST - ZIP		/ <u> </u>
NAME			5.1 TITLE		Change
STREET ADDRESS			5.2 NAME		1/25
CITY-ST-ZIP			5.3 STREET ADDRESS	/ //	420
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	g a a a a a a a a a	Change Addition
NAME			6.2 NAME	600002416: -01/30/9801032-	- Italy
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	UUT
			DO CHIELI VIDBILIDO	Action T Chill Chil	

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.

6.4 CITY - S1 - ZIP

F12-60

C12 501-2111

FILED

Jan 30 1998 8:00am

Secretary of State