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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080987 (9) ALEXANDER DIAMONDS

CORPORATION

Principal Place of Business

Mailing Address

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Replication	BOCA-	#304 RATON	FL	334	3 <u>a</u> _		11-19-93		
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28	Suite, Apt. #, etc.		├	e, Apt. #, etc.			5. Certificate of Status Desired		
Zip Country Zip Country Zip Country S. This corporation has bability for intargible law under e. 199 032 Florida Statutes Two Bears	, ·		<u>⊢</u> , ′	& State			, -		
### 10. Name and Address of New Registered Agent ### 10. Name and Address (P.O. Box Number is Not Acceptable) ### 10. Description of Not Acceptable) ### 10. Description of Not Acceptable ### 10. Description of Not Acce	Zip	} -	·			try	· · · · · · · · · · · · · · · · · · ·		er s. 199.032,
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BOOM WEST PALMETTO PK RD. STE. 30 Y BOCA - PRATON, FL 33 Y 3 Ref. 20 City Bock - PRATON, FL 34 Y 3 Ref. 20 City Bock - PRATON, FL 34	TURE	PA CHA-	T N)		8	1 Name	•	-	
### DEFINE DELETE DELET	FUGE	KU, CHIA.	LIVI		8	Street A	Address (P.O. Box Number is Not Acceptab	le)	
Second Comment Sections 607 0502 and 607 1506, Frorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am laminar with, and accept the chigations of. Section 607 0505. Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am laminar with, and accept the chigations of. Section 607 0505. Florida Statutes. Signature registered agent and six diappticable. (ICDI) Houseword Agent signature required when remissiong. (ICDI) (ICDI) (ICDI) Houseword Agent signature required when remissiong. (ICDI) (ICDI) (ICDI) Houseword Agent signature required when remissiong. (ICDI) (200 W	EST PA	LMETT	OPV	RD	ļ			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Frorida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am Itamiliar with, and accept the obligations of. Section 607.0505. Florida Statutes. SIGNATURE Signature hybrid is present general and state dispirative. (MDI: Hopsocraf Agent signature required when remissioning). (MDI: Hopsocraf Agent signature required when remissioning is signature required when remissioning is signature requ	STE 2	n 4		- 1 1	712.	3			
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of Sociolo 607 (0505, Florida Statutos. SIGNATURE Signature typed to printed name of my street agent and like, implicable. (NOTI No occed Agent equation telephote when reinflating). 12.	BOCA.	- RATON,	FL 3	3434	8			FLII	,
12. CHI Fig Source Agent and table in applicable CHOTE Fig Source Agent agent surprised when revisible Children Childr	office or registers	ed agent, or both, in the S	State of Florida, Su	ich chance was	authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby acception	urpose of changi t the appointmen	ng its registered t as registered
12.	SIGNATURE								
TITLE	Signature				<u>-</u>	lgent signature i			TODS IN 19
NAME		CALICAR	NIND DIRECTORS			, <u> </u>	ADDITIONS/GRANGES TO OFFIC		
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14. I do hereby certify that the information supplied with this fring 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 trusted 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 an another statement an address.

SIGNATURE:

TUBERO 4-1597

***165.00

FILED

Apr 21 1997 8:00am

Secretary of State