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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

900001504259
-06/02/95--01018--018
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000094035 (0)

1. Corporation Name

~~TADIA, INC.~~ THE DIAMOND BROKER INC

Principal Place of Business	Mailing Address
1909 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179	1909 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0546572 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
9. This corporation is liable for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL
BARNETT BANK PLAZA - SUITE 1410
1 EAST BROWARD BLVD.
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: BENJAMIN B PARNES
82 Street Address (P.O. Box Number is Not Acceptable): 1909 S. OAK HAVEN CIRCLE
83
84 City: N. M. BEACH FL 85 Zip Code: 33179

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 [signature] BENJAMIN B PARNES - PRESIDENT 5/9/95 Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENT	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	BENJAMIN B. PARNES	1.2 NAME	~~BENJAMIN B PARNES~~
STREET ADDRESS	1909 S OAK HAVEN CIRCLE	1.3 STREET ADDRESS	~~1909 S. OAK HAVEN CIRCLE~~
CITY ST ZIP	N.M. BEACH, FL 33179	1.4 CITY ST ZIP	~~N.M. BEACH, FL~~
TITLE	V. PRESIDENT	2.1 TITLE	☑ Change ☐ Addition
NAME	ROBERT H SCHUMAN	2.2 NAME	
STREET ADDRESS	7401 E. CYPRESSHEAD DR	2.3 STREET ADDRESS	
CITY ST ZIP	PARKLAND, FL 33067	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(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.

SIGNATURE: [signature] BENJAMIN B PARNES 5/9/95 (305) 935-8016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001181 FP