

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000035013 (8)**

1. Corporation Name

S & J DIAMONDS, INC.



Principal Place of Business

**1 NE FIRST ST
#39
MIAMI FL 33132**

Mailing Address

**1 NE FIRST ST
#39
MIAMI FL 33132**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report

4. FEI Number

66-0579488

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**

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

9. Name and Address of Current Registered Agent

**HOBAN, CHIE K
7355 NW 41 ST
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent, and Florida address

Signature, typed or printed name of new registered agent, and Florida address

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **PARK, KIE N**
STREET ADDRESS **4221 NW 73 AVE**
CITY- ST- ZIP **FT LAUDERDALE FL 33319**

TITLE **STD** ☐ DELETE
NAME **PARK, SOON J**
STREET ADDRESS **4221 NW 73 AVE**
CITY- ST- ZIP **FT LAUDERDALE FL 33319**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. NAME ☐ Change ☐ Addition

18. STREET ADDRESS

19. CITY- ST- ZIP

20. NAME ☐ Change ☐ Addition

21. STREET ADDRESS

22. CITY- ST- ZIP

23. NAME ☐ Change ☐ Addition

24. STREET ADDRESS

25. CITY- ST- ZIP

26. NAME ☐ Change ☐ Addition

27. STREET ADDRESS

28. CITY- ST- ZIP

29. NAME ☐ Change ☐ Addition

30. STREET ADDRESS

31. CITY- ST- ZIP

32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS

34. CITY- ST- ZIP

35. NAME ☐ Change ☐ Addition

36. STREET ADDRESS

37. CITY- ST- ZIP

38. NAME ☐ Change ☐ Addition

39. STREET ADDRESS

40. 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 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 of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

705-679-0254
Telephone Number

CR2E034 (12/95)