

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037570 (5)

1. Corporation Name

DIAMOND ALTERNATIVES, INC.



Principal Place of Business

5455 N STATE ROAD 7
TAMARAC FL 33319

Mailing Address

5455 N STATE ROAD 7
TAMARAC FL 33319

3. Date Incorporated or Qualified
05/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5246 North Springs Way 26 5246 No Springs Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 27 City & State

23 Coral Springs, FL

28 Coral Springs, FL

24 33076 25 Country 29 33076 30 Country

4. FEI Number

65-0588080

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

10. Name and Address of New Registered Agent

PAIKIN, LESTER

5455 N STATE ROAD 7
TAMARAC FL 33319

81 Name

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

5246 No Springs Way

83

84

Coral Springs

FL

85

Zip Code
33076

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]

Signature, typed or printed name of registered agent and title (if applicable)

(If the Registered Agent signature is required when registering)

DATE

12. President OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lester Paikin
5246 No Springs Way
Coral Springs, Fla 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 954-796-8118

400001893804
-07/16/96--01014--012
***200.00

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 changed, with an attachment with an address.

CR2E034 (12/95)