FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 2:57

DOCUMENT # **P95000049499 (3)**

1. Corporation Name

DIAMONDS ON ICE, INC.

Principal Place of Business	Mailing Address
4143 CULPEPER CT **WEST PALM BEACH FL 33409-7821**	**4143 CULPEPER CT** **WEST PALM BEACH FL 33409-7821**

3. Date Incorporated or Qualified: **06/22/1995**

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 4008 West Allerton Dr
22 Suite, Apt. #, etc: Delray Beach, FL
23 City & State: FL
24 Zip: 33445
25 Country: USA

2a. Mailing Address
26: 300 Capt. Walk
27 Suite, Apt. #, etc:
28 City & State: Delray Beach, FL
29 Zip: 33483
30 Country: USA

4. FEI Number: 65-0598754 ☐ 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

LA FORTE, JANICE O
4143 CULPEPER CT
WEST PALM BEACH FL 33409-7821

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 300 Captain's Walk, #117
83:
84 City: Delray Beach FL 85 Zip Code: 33483

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: Janice O. La Forte — 5/6/96
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent's signature required when filing. DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JANICE O. LA FORTE 300 Captain's Walk, #117 Delray Beach, FL 33483	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Janice O. La Forte 300 Captain's Walk, #117 Delray Beach, Fl 33483	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	100001823871 -05/16/96--01015--010 ****225.00 ****225.00	
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Janice O. La Forte — 5/6/96 — 407-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #