


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000074198 1. Corporation Name Diamond Glass & Mirrors, Inc.					
Principal Place of Business			Mailing Address		
1899 NW 29 Street Fort Lauderdale, FL 33311 Broward			1899 NW 29 Street Fort Lauderdale, FL 33311 Broward		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1899 NW 29 Street		26 1899 NW 29 Street		9/26/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		1996	
City & State		City & State		4. FEI Number	
23 Fort Lauderdale, FL		28 Fort Lauderdale, FL		59-0611063	
Zip		Zip		Applied For	
24 33311		25 Broward		Not Applicable	
Country		Country		5. Certificate of Status Desired	
26		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 Broward		31		6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
Legal Information Services, Inc. 1290 Weston Road, Suite 300 Fort Lauderdale, Florida 33326		81 Name Joseph Martucci			
		82 Street Address (P.O. Box Number is Not Acceptable) 1899 NW 29 Street			
		83			
		84 City Fort Lauderdale FL 85 Zip Code 33311			
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 <i>[Signature]</i> Joseph Martucci, Registered Agent (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input checked="" type="checkbox"/> DELETE NAME President STREET ADDRESS Neil Brody CITY-ST-ZIP 1899 NW 29 Street Fort Lauderdale, FL 33311			1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME President and Director STREET ADDRESS Joseph Martucci CITY-ST-ZIP 1899 NW 29 Street Fort Lauderdale, FL 33311		
2.1 TITLE <input checked="" type="checkbox"/> DELETE NAME Vice President STREET ADDRESS Joseph M. Martucci CITY-ST-ZIP 1899 NW 29 Street Fort Lauderdale, FL 33311			2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vice President and Director STREET ADDRESS Anthony Martucci CITY-ST-ZIP 1899 NW 29 Street Fort Lauderdale, FL 33311		
3.1 TITLE <input checked="" type="checkbox"/> DELETE NAME Vice President STREET ADDRESS Anthony Martucci CITY-ST-ZIP 1899 NW 29 Street Fort Lauderdale, FL 33311			3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vice President and Director STREET ADDRESS Anthony Martucci CITY-ST-ZIP 1899 NW 29 Street Fort Lauderdale, FL 33311		
4.1 TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
5.1 TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
6.1 TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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]* **Joseph Martucci, President and Director**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR