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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000091373 (7)

JUST DIAMONDS, INC.

FILED
May 16 1997 8:00am
Secretary of State

•	

Principal Plai	e of Business	Mailing Add	Iress		, ,		Andrik thing along serie site	)
169 E. FLAGLER ST. 1014 MIAMI FL 33061 US			169 E. FLAGLER ST. 1014 Miami Fl. 33131-1204 US					
					Date Incorporated or Qualified     11/29/1995	3a. Date of Last F 06/14/1996	Report	
2. Poncipal	Place of Business	2a. Mailing	Address			4, FEI Number		pplied For
21		26				65-0628739	N	lot Applicable
Suite, Apt 22	#, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired		Additional lequired
City & Sta	ite	City & St	late			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Ζφ	Zφ Gountry		Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30			Yes No	
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Age	ent			10. Name and Address of New Reg	platered Agent	
STI	RAUSS, HARVEY			81	Name			
181	81 NE 31 COURT #1701			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
NO	RTH MIAMI BEACH FL 33061				Chooking	order (170. Dec Prantice) is the Prooplets		
				83				
					<b>5</b> ':		1	
				84	City		FL 85 Zip	Code
office or agent I	registered agent, or both, in the St am familiar with, and accept the ob	late of Florida, Such on Digations of, Section	change was a 607.0505, Fid	authorized by orida Statute	the corpore 3.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as	registered
	Signature, typod or prieted name of registers:		(NOT		pen erulangia In	uired when reinstating)	DATE	
12.		AND DIRECTORS	T 05, F#4	13.		ADDITIONS/CHANGES TO OFFIC		
[IIF	D OTDALIGO HADIEN	L	DELETE	11 TITLE	-		Change	Addition
NAME	STRAUSS, HARVEY	4		12 NAME				
STREET ADDRESS	18181 NE 31 COURT #170			1.3 STREET	ADDRESS			
CHY-\$1-73°	NORTH MIAMI BEACH FL 3	3061		1.4 CITY-S	T-ZIP			
1-111	D	Ł.	DELETE	2 1 TITLE			Change	Addition
NAME	STRAUSS, CAROL			2.2 NAME			Ž.	
STREET ADDRESS				2.3 STREET	address	et.	·.	
City - \$1 - 719	NORTH MIAMI BEACH FL 3			2. 4 CITY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·
THILE		Ĺ	DEVETE	3.1 TITLE			L Change	Addition
NAME				3.2 NAME		·		
STREET LADDRESS				3.3 STREET	ADDRESS			
Crty - ST - ZIP				3.4. CITY-:	ST-ZIP	1		
THUE		Ĺ	DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREEL ACDRESS				4.3 STREET	ADDRESS			
011 + 51 ZIF				4.4 CITY - 9	T - 2 P			
DULF			DELETE	5.1 TITLE			☐ Change	Addition
NAME				S 2 NAME	ĺ			
STHELL ADDRESS				5 3 STREET	ADDRESS			
City-St 200				5.4 City - 9	T- ZIP			
1:11.6		Ţ	DELETE	6.1 TITLE	-		Change	Addition
NAME				6.2 NAME				
STREET ADORESS				6.3 STREET	ADDRESS			
OTY-ST-ZP				6.4 CITY-S				
44 Lefe beer	the cost to that the information pure	alock with this filing of	oon not quali			ed in Section 119 07(2)(i) Florida Statutor	Liferthor partite the	tho

4. For necessary 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 apprears in Block 12 or Block 13 if chapter 607 or on an attachment with an address.

SIGNATURE:

CHATURE AND TYPED OFFPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date