


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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Moorman Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000035838 (7)</b> 1. Corporation Name <b>THE DIAMOND GALLERY &amp; DESIGN WHOLESALE, INC.</b>			
Principal Place of Business <b>924 ELDORADO PKWY. CAPE CORAL FL 33914</b>		Mailing Address <b>924 ELDORADO PKWY. CAPE CORAL FL 33914-7251</b>	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
b. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PINTO, ROBERTO S 924 ELDORADO PKWY. WEST CAPE CORAL FL 33914</b>		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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS			
TITLE	DP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PINTO, ROBERTO S	1.1 TITLE	
STREET ADDRESS	924 ELDORADO PKWY.	1.2 NAME	
CITY-ST-ZIP	CAPE CORAL FL 33914	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	PINTO, KELLY J	2.2 NAME	
STREET ADDRESS	924 ELDORADO PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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]*

KELLY J. PINTO

4-19-97 941/549-2441

CR2E034 (9/96)