

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90020 038 \*\*\*150.00

**DOCUMENT # P97000045505**

1. Corporation Name

**GOLD, CASH AND DIAMONDS CORPORATION**

Principal Place of Business  
**4328-4330 S.W. 8TH STREET  
MIAMI FL 33134**

Mailing Address  
**4328-4330 S.W. 8TH STREET  
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/22/1997**

4. FEI Number

**65-0851800**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROIKE, FRED  
4328-4330 S.W. 8TH STREET  
MIAMI FL 33134**

81 Name

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

83

84 City

**FL**

85 Zip Code

1. 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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PD	<input type="checkbox"/> DELETE
2. STREET ADDRESS	TROIKE, FRED	
3. CITY-STATE-ZIP	4328-4330 S.W. 8TH STREET	
4. CITY-STATE-ZIP	MIAMI FL 33134	
5. NAME	STD	<input type="checkbox"/> DELETE
6. STREET ADDRESS	MANASA, JOHN H	
7. CITY-STATE-ZIP	4328-4330 S.W. 8TH STREET	
8. CITY-STATE-ZIP	MIAMI FL 33134	
9. NAME		<input type="checkbox"/> DELETE
10. STREET ADDRESS		
11. CITY-STATE-ZIP		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. CITY-STATE-ZIP		
17. NAME		<input type="checkbox"/> DELETE
18. STREET ADDRESS		
19. CITY-STATE-ZIP		
20. CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 MANAGED**

**7-6-99**

**305-238-0075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0126420

CR2E034 (5/99)



SOUTH DADE  
JEWELRY & GUN EXCHANGE INC

20848 S. Dixie Hwy., Miami, FL 33189  
(305) 238-0075

585512-90020-38  
P 97000045505



To whom IT MAY CONCERN :

WE ARE THE NEW OWNERS OF  
THIS CORPORATION AND WE NEVER  
RECEIVED AN ORIGINAL NOTICE. WE  
PURCHASED THIS CORPORATION ONLY TWO  
MONTHS AGO. PLEASE ACCEPT THIS PAYMENT  
AS OUR ORIGINAL.

Thank You

de Maran