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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90001 021 ***150.00

OCHMENT #	P97000082059
OCCUMENT #	P9/000002009

1. Corporation Name

5 DIAMONDS, INC.

			<u> </u>	
Principal Place of Business	Mailing Address			
3400 NE 34TH STREET SUITE 101 FORT LAUDERDALE FL 33301	3400 NE 34TH STREET SUITE 101 FORT LAUDERDALE FL 33301		DO NOT WRITE IN THI	S SPACE
			09/23/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		58-2353627	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	~	untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No
9. Name and Address of Cur			10. Name and Address of New Registered	I Agent
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500E		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401		83		
		84 City		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, and accept the obligations of Section 607.0505. Florida Statutes

agent. I a	im tamiliar with, and accept the colligations of, Section	607.0303, Florid	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NÖTE: Ri	egistered Agent signature required	d when reinstating)	DATÉ	
12.	OFFICERS AND DIRECTORS	<u>-</u>	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	PST	DELETE	1.1 TITLE		Change	☐ Addition
NAME	RICHTER, SAM		1.2 NAME			
STREET ADDRESS	}		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		<u> </u>	
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME		•	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME	<u></u>		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY- ST-ZIP			
TITLE	<u> </u>	DELETE	4.1 TITLE		☐ Change	Addition
NAME.			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	A) 1		6.4 CITY-ST-ZIP			

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an off trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the trustee empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the replace of the corporation of the

SIGNATURE:

JRE REQUIRED

568-4118