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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000095090 (1)

SOUTH AFRICAN DIAMOND COMPANY

## FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business		Mailing Addres	Mailing Address				A TORRISHON IND IDISK LABIN ODNIN ODNIN ODSIN ODSIN ONNIS ONNIS SOLID SONIN SOLID SONIN SOLID SONIN SOLID SONIN			
265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480		265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480			DO	NOT WRITE IN THIS	SPACE			
						3. Date incorporated of				
						11/05/1997				
2. Principal P	lace of Business	2a. Mailing Add	ress		· ·	4. FEI Number		T Ar	oplied For	
21		26	26			65-0791951	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22		27				5. Certificate of Status	Desired	Fee Re	equired	
City & State		City & State	City & State			6. Election Campaign I				
23		28				Trust Fund Contribu	tion 🔲	bebbA	to Fees	
Zip	Country	Zıp	<b>—</b>	Country	'	8. This corporation ow				
24	[25]	[29]	30			Personal Property Ta			] No	
, <u></u>	g, Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address	of New Hegistered	Agent		
MINTMIRE, DONALD F				61	Name					
	S SUNRISE AVENUE SUITE 204	<b>\$</b>	82 Street Ad			ress (P.O. Box Number is N	ot Acceptable)			
PAI	LM BEACH FL 33480					······				
				83						
				84	City		EI	<b>85</b> Zip	Code	
11, Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607, 1508, Flori	da Statutes, the	above	e-named corp	poration submits this statem	ent for the purpose o	f changing it	ts registered	
	m familiar with, and accept the obli	igations of, Section 607	.0505, Florida S	Statutes	у ше согрыа 3.	tion's board of directors. Th	ereby accept trie apt	Karament as	registered	
SIGNATURE	Signature, typod or printed name of registered a		(NOTE: Regist	tered Age	ent signature requi	ired when reinstating)	DATE		<del></del>	
12,	OFFICERS A	ND DIRECTORS		3.		ADDITIONS/CHANGE	S TO OFFICERS AND		RS IN 12	
THILE	D	∐ 0	ELETE 1.	1 TITLE				Change	Addition	
NAME	DURAND, PIETER		1.3	2 NAME						
STREET ADDRESS	265 SUNRISE AVENUE SUI	TE 204	1.3	3 STREET	ADORESS					
CITY-ST-ZIP	PALM BEACH FL 33480			4 CITY - S	T-ZIP					
TITLE	VP,D	□ 0	ELETE 2	1 TITLE				☐ Change	☐ Addition	
NAME	William W. Wilson		2:	2 NAME	İ					
STREET ADDRESS	4718 Lillian Avenu		2:	3 STREET	ADDRESS				i	
CITY - ST - ZIP	West Palm Beach,			4 CITY-S	ST - ZIP					
T+TLE		ע ניין		1 TITLE				☐ Change	Addition	
NAME				2 NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		——————————————————————————————————————		4. C(TY - \$	ST-ZIP			По	<b>—</b>	
THTLE				1 TITLE				☐ Change	Addition	
NAME				2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4 CITY - S	T-ZIP				<b>—</b>	
TITLE				1 TITLE				☐ Change	Addition	
NAME			5.3	2 NAME						
STREET ADDRESS			5.:	3 STREET	ADDRESS					
CITY - ST - ZIP				4 CITY - S	T-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE			ELETE 6	1 TITLE				Change	Addition	
NAME			6.3	2 NAME	1					
STREET ADDRESS			6.:	3 STREET	ADDRESS					
CITY . CT . 7IP				A CITY . C	T. 71D					

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 of 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 carporation of the receive of made appears in Block 12 or Block 13 if changed, or on an attachment with a captages.

CICNIATURE.