

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

FILED
May 11 1998 8:00am
Secretary of State

DOCUMENT # P97000095183 (4)

1. Corporation Name
ANGOLA DIAMOND COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480

3. Date Incorporated or Qualified
11/05/1997

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number Applied For
65-0791950 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**MINTMIRE, DONALD F
265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
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, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **D CEO DURAND, PIETER**
STREET ADDRESS **265 SUNRISE AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**
TITLE DELETE
NAME **VP, CFO, D William W. Wilson**
STREET ADDRESS **4718 Lillian Avenue**
CITY-ST-ZIP **West Palm Beach, FL 33418**
TITLE DELETE
NAME **S,T Joseph P. Griffin**
STREET ADDRESS **265 Sunrise Avenue #204**
CITY-ST-ZIP **Palm Beach, FL 33480 n/a**
TITLE DELETE
NAME **D Gerhard Theodor Siegfried Eiselen**
STREET ADDRESS **265 Sunrise Avenue #204**
CITY-ST-ZIP **Palm Beach, FL 33480 n/a**
TITLE DELETE
NAME **D Herman Max Linde**
STREET ADDRESS **265 Sunrise Avenue #204**
CITY-ST-ZIP **Palm Beach, FL 33480 n/a**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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 in an attachment with an addendum.

[Handwritten Signature]

CR2E034 (10/97)