

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).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90010 038 \*\*\*150.00



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **P97000095183**  
 1. Corporation Name

**ANGOLA DIAMOND COMPANY**



Principal Place of Business Mailing Address  
 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 or Qualified

11/05/1997

4. FEI Number

65-0791950

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  
 21 277 Royal Poinciana Way

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 119

27 Suite, Apt. #, etc.

23 Palm Beach, FL

28 City & State

24 33480 25 USA

29 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTMIRE, DONALD F  
 265 SUNRISE AVENUE  
 SUITE 204  
 PALM BEACH FL 33480

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCEO  DELETE  
 NAME DURAND, PIETER  
 STREET ADDRESS 265 SUNRISE AVENUE  
 CITY-ST-ZIP PALM BEACH FL 33480

1.1 TITLE D  Change  Addition  
 1.2 NAME Donald F. Mintmire  
 1.3 STREET ADDRESS 277 Royal Poinciana Way #119  
 1.4 CITY-ST-ZIP Palm Beach, FL 33480

TITLE VPCD  DELETE  
 NAME WILSON, WILLIAM W  
 STREET ADDRESS 4718 LILLIAN AVE  
 CITY-ST-ZIP W PALM BEACH FL 33418

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE ST  DELETE  
 NAME GRIFFIN, JOSEPH P  
 STREET ADDRESS 265 SUNRISE AVE STE 204  
 CITY-ST-ZIP PALM BEACH FL 33480

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME SIEGFRIED EISELEN, GERHARD THEODO  
 STREET ADDRESS 265 SUNRISE AVE STE 204  
 CITY-ST-ZIP PALM BEACH FL 33480

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME LINDE, HERMAN MAX  
 STREET ADDRESS 265 SUNRISE AVE STE 204  
 CITY-ST-ZIP PALM BEACH FL 33480

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 last address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

593682-90010-38  
P97000095183

**MINTMIRE & ASSOCIATES**  
ATTORNEYS AT LAW

265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH, FLORIDA 33480  
TEL: (561) 832-5696  
FAX: (561) 659-5371

July 14, 1999

Florida Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Angola Diamond Company - P97000095183

To Whom It My Concern:

Enclosed please find the 1999 Profit Corporation Annual Report for Angola Diamond Company. The initial notice by your office was not received by the company due to a change of mailing address. The Company therefore requests waiver of the \$400.00 late fee by your office. In that regard, enclosed please also find a check made payable to Department of State in the amount of \$150.00. Should you have questions regarding the enclosed materials, please do no hesitate to contact our office.

Very truly,



Mintmire & Associates

DFM/lrl  
Encls.