

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

DOCUMENT # P98000003953

1. Corporation Name

CLEOPATRA DIAMOND AND JEWELRY DESIGN, INC.

Principal Place of Business

12 DODECANESE BLVD.
TARPON SPRINGS FL 34689

Mailing Address

12 DODECANESE BLVD.
TARPON SPRINGS FL 34689

2. Principal Place of Business

2a Mailing Address

21 12 Dodecanese

26 Same

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Blvd

27 City & State

23 TARPON SPRINGS

28 City & State

24 FL 25 34689

29 Zip Country

26 34689

30 Country

9. Name and Address of Current Registered Agent

HIJAZI, HASSAN
12 DODECANESE BLVD.
TARPON SPRINGS FL 34689

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 HIJAZI, HASSAN

Signature, typed or printed name of registered agent and the, if applicable,

(NOTE: Registered Agent is prohibited from acting as a director.)

(DATE)

12. OFFICERS AND DIRECTORS

11 TITLE [] DELETE

NAME D
STREET ADDRESS HIJAZI, HANA
CITY-ST-ZIP 12 DODECANESE BLVD.
TARPON SPRINGS FL 34689

12 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

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

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FFI Number

59-3512751

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 Tax

[] Yes [X] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

049623

CR2E034 (11/98)