

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90193 026 ***150.00

DOCUMENT # P98000018703

1. Corporation Name

SERENGETI DIAMONDS U.S.A., INC.



Principal Place of Business

Mailing Address

~~5000 CHAMPION BLVD. STE. 204~~
~~BOCA RATON FL 33430~~

~~5000 CHAMPION BLVD. STE. 204~~
~~BOCA RATON FL 33430~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1998

4. FEI Number

65-0827439

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Clo David Siegel
Suite, Apt. #, etc.
1 SE Third Ave 15th Flr

26. Clo David Siegel
Suite, Apt. #, etc.
1 SE Third Ave 15th Flr

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

Miami FL

28. City & State

Miami FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip Country

33131

25

29. Zip Country

33131

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARTER & HOLDEN, P.A.
1200 N. FEDERAL HIGHWAY STE. 312
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81. Name
Berkowitz Dick Pollack & Brant, LLP

82. Street Address (P.O. Box Number is Not Acceptable)
1 SE Third Ave 15th Flr.

83

84. City Miami FL 85. Zip Code 33131

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 Berkowitz Dick Pollack & Brant CPA's PA

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

(NOTE: Registered Agent signature required when reinstating)

2/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME STP
STREET ADDRESS ROBERTS, KENNETH H
CITY-ST-ZIP 5000 CHAMPION BLVD. STE. 204
BOCA RATON FL 33430

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Clo David Siegel
1 SE Third Ave 15th Flr
Miami FL 33131

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Roberts 2/8/99

Date

Daytime Phone #

CR2E034 (1/1/98)