


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90051 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # P98000026090 1. Corporation Name AMS DIAMOND CUTTING & TRADING CORP.																									
Principal Place of Business WORLD JEWELRY CENTER 7500 WEST COMMERCIAL BOULEVARD FT LAUDERDALE FL 33319			Mailing Address WORLD JEWELRY CENTER 7500 WEST COMMERCIAL BOULEVARD FT LAUDERDALE FL 33319																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1998 4. FEI Number 65-0823567 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																					
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PSTD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JACOBI, ASA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 WEST COMMERCIAL BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE FL 33319</td> <td></td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> DELETE	NAME	JACOBI, ASA		STREET ADDRESS	7500 WEST COMMERCIAL BLVD.		CITY-ST-ZIP	FT LAUDERDALE FL 33319		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
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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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99
 Date

Daytime Phone # _____

CR2E034 (1/98)