FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

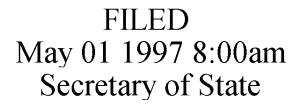
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41061 DIAMOND USA, INC.

(0)

Principal Place of Business

Mailing Address





2049 CHMINEY SWIFT HOLLOW TALLAHASSEE FL 32312		2049 CHIMNEY SWIFT HOLLOW TALLAHASSEE FL 32312-3501						
						3. Date Incorporated or Qualified 03/27/1991	3a. Date of Last F 04/24/1996	Report
2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		pplied For
21		26	26			59-2345812	N	ot Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				CO 75	Additional
22		27	27			5. Certificate of Status Desired	1 1 7 7	equired
City & State	•	City & State)			6. Election Campaign Financing		May Be
23		28		··· •••••		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation has trability for i	ptangible tax under :	s. 199 032,
24	25	29	-	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			N. 1	10. Name and Address of New Re	gistered Agent	
BROWN, BARBARA				ы	81 Name			
	9 CHIMNEY SWIFT HOLLOW		82 Street Ad		Street Add	ddress (P.O. Box Number is Not Acceptable)		
TAL	LAHASSEE FL 32312			83				
				84	City		FL 85 Zip	Code
11. Pursuant t office or re agent. I as	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Flo ite of Florida. Such cha igations of, Section 60	rida Statute ange was ai 7.0505, Floi	s, the above uthorized by rida Stalute	e-named cor the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing It the appointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered a	and the dispersion of	INCOM	Rensered An	est signature zenu	ilred when reinstating)	DATE	
12.		ND DIRLCTORS	·····	I 13.	- Kogusto-o-odo	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	P		DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME	BROWN, BARBARA			1.2 NAME				
STREET ADDRESS	2049 CHIMNEY SWIFT HLW	<u>'</u> .		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY - \$1 - ZIP					
TITLE	8		DELETE	2 1 101 E	17-211		Change	Addition
NAME	BROWN, PHIL			2.2 NAME				
STREET ADDRESS	2049 CHIMNEY SWIFT HLW	<u>.</u>		2 3 STREET	ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	•		2 4 CITY -				
TITLE			DELFTE	3171116			Change	☐ Addition
NAME		_		3 2 NAMÉ			•	
STREET ADDRESS				3 3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE			DELFTE	41 TILLE	VI 20		Change	Addition
NAME			-	4 2 NAME				
STREET ADDRESS				4 3 STREET	Anneess			
				4.4 CITY - S				
TITLE			DELETE	51 THLE	N - ZH		Change	Addition
NAME		<u>. </u>		5 2 NAME			and offerigo	
					ADDRESS			
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP		<u></u>	DELETE	54 CTY-9	11-7IP		Change	Addition
TITLE			L/L1111	6111111			Griange	
NAME				62 NAME				
STREET ADDRESS				63 STREET				
CITY-ST-ZIP	Control of the Contro	Card and all all all all all all all all all al		6.4 CITY-9		ed in Section 119.07(3)(i) Florida Statute	n I facility a notification	

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 eath; 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.