Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90085 048 ***150.00

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 # V58365

1. Corporation Name					
DIAMON	ds and gold by Michaei	L, INC.			
					AN BAN NAN ANA MANA
					<u> </u>
Principal Place of Business Mailing Address				·	
11401 PINES BI	LVD	11401 PINES BLVD			
STE 270 PEMBROKE FL	33026	270 PEMBROKE PINES FL 33026		DO NOT WRITE IN THIS	SPACE
US US			3. Date Incorporated or Qualifed		
				08/18/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	**************************************	65-0352782	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	m -	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State			
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country		Country	This corporation owes the current year Interest.	
24	25	29 30	¬ '	Personal Property Tax.	∐Yes □No
	9. Name and Address of Current		<u></u>	10. Name and Address of New Registered	Agent
. 81 Name				CAMOCKY MICHAE)
SAMOSKY, MICHAEL			82 Street A	Address (P.O. Box Number is Not Acceptable)	<u> </u>
1131 NW 185TH AVE				Address (P.O. Box Number is Not Acceptable)	<u> </u>
PEMBROKE PINES FL 33029			83	The first of the second of the	Det in
Lighting of Bridge Reserved Corp.			84 City D	MBROKE PINES FL	85 Zip Code 9
10 Accordance and containing the change are stated as the containing the participant for the purpose of changing its registered					
office or registered agent, I am familiar with, and accept the abligations of, Section, 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section of 150 days and 507.1506, Florida Statutes, the above-limited corporation such in this statement for the purpose of changing treatment and					
	in tarning with, and accept the sounger	MICHAO	T. Came	DSKY PRESIDENT 4-	26 19
SIGNATURE	Signature, typed or prior of name of registered agent	Indititle if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating) DATE	•
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE	SAMOSKY, MICHAEL J.	Change Addition
NAME	SAMOSKY, MICHAEL J.		1.2 NAME	17551 SW 1274 ST	İ
STREET ADDRESS	1131 NW 185TH AVE	,	1.3 STREET ADDRESS		23000
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	14 CITY-ST-ZIP	PEMBROKE PINES FL	hange Addition
TITLE .	D CEDAL DIME	~ ~	2.1 TITLE	11523 PUERTO BLUD	90
NAME	KLEIN, GERALDINE 3940 INVERRARY BLVD.,	_	2.2 NAME 2.3 STREET ADDRESS	11522 PUERTO BLVD	
STREET ADDRESS	LAUDERHILL FL		2.4 CITY-ST-ZIP	BOYNTON BCH, FL	33437
CITY-ST-ZIP TITLE	ENOUGH HEET E	☐ DELETE	3.1 TITLE	BUTATON DELL	☐ Change ☐ Addition
NAME			3.2 NAME		-
STREET ADDRESS	*- 3-		3.3 STREET ADDRESS		
CITY-ST-ZIP	- !		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	ا ب پور		4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		
πιε		☐ DELETE	5.1 T/TLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	ľ
CITY-ST-ZIP	<u> </u>	Forest	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.2 NAME		☐ cupride ☐ Virginou (
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			AN OUNTER MEDICESS		

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 in bowered 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 address, with all other like empowered.

SIGNATURE:

REJUDI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR