FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **470419**

(3)

1. Corporation Name
MARIO'S CASTING JEWELRY, INC.

Principal Place of Business
55 NE 1ST STREET #51
MIAMI FL 33132

Mailing Address
55 NE 1ST STREET #51
MIAMI FL 33132-2484

3. Date Incorporated or Qualified: **02/24/1975**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **59-1604025** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAMERO, LUIS
11595 N.E. 21 DRIVE
N MIAMI FL 33181

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(S) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7.1 TITLE: **PT**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
7.2 NAME: **CAMERO MARTA**		1.2 NAME	
7.3 STREET ADDRESS: **11595 NE 21ST DR.**		1.3 STREET ADDRESS	
7.4 CITY-ST-ZIP: **NORTH MIAMI FL**		1.4 CITY-ST-ZIP	
8.1 TITLE: **VS**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
8.2 NAME: **MARTINEZ MARIO**		2.2 NAME	
8.3 STREET ADDRESS: **1000 QUAYSIDE TERR**		2.3 STREET ADDRESS	
8.4 CITY-ST-ZIP: **MIAMI FL**		2.4 CITY-ST-ZIP	
9.1 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
9.2 NAME		3.2 NAME	
9.3 STREET ADDRESS		3.3 STREET ADDRESS	
9.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
10.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
10.2 NAME		4.2 NAME	
10.3 STREET ADDRESS		4.3 STREET ADDRESS	
10.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
11.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
11.2 NAME		5.2 NAME	
11.3 STREET ADDRESS		5.3 STREET ADDRESS	
11.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
12.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
12.2 NAME		6.2 NAME	
12.3 STREET ADDRESS		6.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added, or an attachment with an address.

SIGNATURE: Marta Camero 3/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #