

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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96 MAY -1 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L47094 (2)

1. Corporation Name

L'HERMITAGE JEWELS CORPORATION

Principal Place of Business

1036 S.W. 1 ST.
MIAMI FL 33130

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130

2. Principal Place of Business

2a. Mailing Address

21 2300 CORAL WAY

26 2300 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Country

Zip

Country

24 33145

25 US.

29 33145

30 US.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

3. Date Incorporated or Qualified

02/02/1990

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0194084

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200

83

84 City
MIAMI

FL

85 Zip Code
33145

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HIDALGO, SILVIO
5555 COLLINS AVE, #7A
MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIO HIDALGO

429/96

CR2E034 (12/95)