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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90130 025 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000070661**1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

JEWELS & DIAMONDS, INC.

21691 S. STATE #16	E RD 7	474 NE 33 ST BOCA RATON FL 33431											
BOCA RATON FL 33428							DO NOT WRI	NOT WRITE IN THIS SPACE					
US .						1	Date Incorporated or Qualifed 09/22/1994						
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number			App	lied For		
21		26	26			1 (65-0534471		ľ	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5 Certificate of Status Desired					\$8.75 Additional		
22	- the contract of the contract	27	27 2			5.	Certificate of Status Desired	<u></u>	. F	ee Re	quired		
City & State	8	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees							
23 7in	Country Zip Cou						ont year into						
Zip 24	25 29 30			Personal Property Tax.						□No			
	9. Name and Address of Curr	ent Registered Agent	- -	_		10.	Name and Address of New R	tegisterea /	igent				
KALE	BKAUF, RAUL		81		Name								
474 NE 33 ST			82		Street Addre	ddress (P.O. Box Number is Not Acceptable)							
BOC	A RATON FL 33431		83	Ţ									
			84	+	City			FL	85	Zip C	ode		
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	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: R	enistered Age	nt s	signature required	when rei	instating)	DATE					
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIF	ЕСТО	RS IN 12		
TITLE	PSTD	☐ DELETE	1,1 TITLE		·				c	nange	☐ Addition		
NAME	KALBKAUF, RAUL		1.2 NAME										
STREET ADDRESS	474 NE 33 ST			1.3 STREET ADDRESS							}		
CITY-ST-ZIP				ITY-ST-ZIP									
TITLE			2.1 TITLE		211					nange	Addition		
NAME		<u> </u>	2.2 NAME										
			2.3 STREE	T 4	ADDRESS								
STREET ADORESS											ĺ		
CITY-ST-ZIP		→ DELETE	2.4 CITY-:	51-	ZIP -					nange	Addition		
- TITLE	-		3.2 NAME						<u> </u>		_ \		
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NAME }					ADDRESS !								
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TITLE		☐ DELETE	L		Ì				ال	hange	ווסמוסטיי ר"		
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREE	A T.	ADDRESS								

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.