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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

DOCUMENT # P96000048962 (0) BEAUTY GEMS JEWELRY, INC.				
Principal Place of Business Mailing Address				
36 N.E. 1ST STREET 36 N.E. 1ST STREET				
#707 #707				DO MOT MIDITE IN TUIC CDACE
MIAMI FL 331	32	MIAMI FL 33132		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				06/07/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 105	5 Duval 57R	26 125 DUVAL	<u> </u>	65-0677812 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23 KZ	- LIKST FL	28 /32 4/85	T FL.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33	040 25	20 33040	30	Personal Property Tax due June 30. 🔼 Yes 🔲 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
	MOND PORT		81 Name	
	FRONT ST		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
MIA	MI FL 33040		63	
				19
			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 editionized 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 registered agent and title of permittable (NOTE: Registered Agent agenture required when reinstating)				
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	GAD, DORON		1.2 NAME	
STREET ADDRESS	36 N.E. 1ST ST. #707		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY - ST - ZIP	
TIFLE		☐ DELETE	21 TITLE	Li Change Li Addition
NAME			2.2 NAME	
STREET ADORESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3.1 TITLE	. Change Addition
NAME		<u>_</u>	3.2 NAME	, was a series of the series o
STREET ADORESS			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			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME	L., Change L. Adulton
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TIFLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby c indicated officer or c Block 12 c	ertify that the information supplied on this annual report or supplierte director of the corporation or the re or Block 13 if charged, or on an all	I with this filion does not qualify for ntal annual report is true and accur eceiver or tristee empowered to ex trachment with an address.	the exemption stated in rate and that my signatur require this report as requ	Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Statutes; and that my name appears in