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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097921 (6)

KENDALE JEWELRY, INC.

Principal Place of Business Mailing Address 15154 8W 72ND ST 15154 SW 72ND ST MIAMI FL 33193-3228 MIAMI FL 33183 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 - 0712538 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ. DALIA 15154 SW 72ND ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193** 83 84 City 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. 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 agent and the P applicable (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) PSTD TITLE DELETE 1.1 TITLE Change ___ Addition PEREZ, DALIA NAME 1.2 NAME 15154 SW 72ND ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33193** CITY-ST-ZIP 1.4 CHTY - ST- ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP ☐ DELFTE Change Addition TITLE 31 THLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY - \$1 - ZIP DELETE Change Addition TITLE 411018 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 1111.6 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 anyaddress.

SIGNATURE:

CITY-ST-ZIF

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3/4/97

(301) 382-186/

FILED

May 07 1997 8:00am

Secretary of State