

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90076 022 \*\*\*150.00

DOCUMENT # **P95000023292**

1. Corporation Name  
**STYLE JEWELRY, INC.**

Principal Place of Business

36 N.E. 1ST STREET  
SUITE 712  
MIAMI FL 33132

Mailing Address

36 N.E. 1ST STREET  
SUITE 712  
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

65-0579628

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAIM, DAVID  
36 NE 1ST ST  
SUITE 712  
MIAMI FL 33132

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME HALM, DAVID  
STREET ADDRESS 412 POINCIANA DRIVE  
CITY-ST-ZIP HALLANDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME ELIANI, TACKI  
STREET ADDRESS 20185 S. COUNTRY CLUB DRIVE #150  
CITY-ST-ZIP AVENTURA FL 33009

1.2 NAME ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME ELIANI, JACKI  
STREET ADDRESS 36 NE 1ST ST. #712  
CITY-ST-ZIP MIAMI FL 33132

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P.

2/15/99

Date

305 334-8666

Daytime Phone #

0192142

CR2E034 (11/98)