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May 13, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M01503 (5)

1. Corporation Name

SOLID GOLD JEWELRY, INC.

Principal Place of Business

42 NORTH MIAMI AVENUE
MIAMI, FL. 33128-1824

Mailing Address

42 NORTH MIAMI AVENUE
MIAMI, FL. 33128-1824

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/08/1984

2. Principal Place of Business

2a. Mailing Address

21 40 NORTH MIAMI AVENUE

26 40 NORTH MIAMI AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2436861

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

22 City & State

23 MIAMI, FL

27 City & State

28 MIAMI FL

24 Zip 33128-1824 25 Country

29 Zip 33128-1824 30 Country

9. Name and Address of Current Registered Agent

PERAZA, FIDEL A.
42 NORTH MIAMI AVE.
MIAMI, FL. 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

40 NORTH MIAMI AVENUE

83

84 City
MIAMI

85 Zip Code
FL 33128

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 resigning)

4-27-99

12. OFFICERS AND DIRECTORS

TITLE P/T/D
NAME PERAZA, FIDEL A.
STREET ADDRESS 4901 N.W. 4 ST.
CITY-ST-ZIP MIAMI, FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

Daytime Phone #