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

PROFIT FLORIDA DEPARTMENT OF STATE FIFD CORPORATION Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 JUL 12 AM 10: 24 **DOCUMENT #** 1. Corporation Name DADDY'S JEWELRY STORE, INC Principal Place of Business Mailing Address 3033 NE 2nd AVE 3033 NE 2nd AVE 05/19/98 01055 047 \$15000 3. Date Incorporated or Qualified MIAMI, FL 33132 MIAMI, FL 33132 11/19/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0293607 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 Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. □No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 JIMENEZ, EDUARDO 3033 NE 2ND AVE 83 MIAMI, FL 33132 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. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE PRESIDENT NAME 1.2 NAME JIMENEZ, EDUARDO 1001 NE 2ND AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAMI FL 33132 DELETE ☐ Change Addition TITLE 21 TITLE NAME 22 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 31 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME

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 uppliemental 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 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.

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZiP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

TITLE

NAME

G OFFICER OR DIRECTOR

DELETE

☐ Addition

Change

CR2E034