

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 308557 (8)

1. Corporation Name
LA ORQUIDEA JEWELRY INC



Principal Place of Business: **118 NE. 1 AVE MIAMI FL 33132**
Mailing Address: **118 NE. 1 AVE MIAMI FL 33132-2106**

3. Date Incorporated or Qualified: **08/29/1966**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business: **21 145 NE 1 STREET**
2a. Mailing Address: **26 145 NE 1 STREET**

4. FEI Number: **59-1157967**
Applied For: Not Applicable

22. City & State: **Miami, FL**
27. City & State: **Miami, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33132** Country: **USA**
28. Zip: **33132** Country: **USA**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. **9. Name and Address of Current Registered Agent**
BRYON, MIGUEL
118 NE. 1 AVE
MIAMI, FL
33132

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

81. Name: **BRYON, MIGUEL**
82. Street Address (P.O. Box Number is Not Acceptable): **118 NE. 1 AVE**
83. **MIAMI, FL**
84. City: **MIAMI** 85. Zip Code: **33132**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

FILE	<input type="checkbox"/> DELETE
NAME	PD BRYON, MIGUEL
STREET ADDRESS	520 BRICKELL KEY DR.
CITY - ST - ZIP	MIAMI FL
FILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 an address.

SIGNATURE: _____ (305) 379-7161
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone # _____

CR2E034 (9/96)