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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90006 041 ***150.00

1999 DOCUMENT # 309995 1. Corporation Name ROSENTHAL JEWELERS SUPPLY CORP. Principal Place of Business Mailing Address 138 NE 1ST AVE. 138 NE 1ST AVE. MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/14/1966 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 26 59-1153603 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current year totangible ☐ Yes ΠNo 25 30 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADOUTH, DAISY Street Address (P.O. Box Number is Not Acceptable) 10155 COLLINS AVENUE **APT 804** 83 **BAL HARBOUR FL 33154** 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition NAME ROSENTHAL, LUIS 1.2 NAME 5825 COLLINS AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BCH,FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition ☐ DELETE Change TITLE 2.1 TITLE NAME ADOUTH, DAISY 2.2 NAME STREET ADDRESS 138 NE 1ST AVE. 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 2.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME adouth, raphael 138 NE 1ST AVE. 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Addition Change TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raphael S. Adouth-V.P. 02/05/99 (305)371-5661

CR2E034 (11/98)