FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

408895 **DOCUMENT #**

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TRIO JEWLERY, INC.

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Principal Place of Business	Maining Address
55 N.E. 1ST STREET, SUITE 55	55 N.E. 1ST STREET, SUITE 55
MIAMI FL 33132	MIAMI FL 33132

MIAMI FL 331	132	MIAMI PL 33132						
					 Date Incorporated or Qualified 09/15/1972 	3a. Date 0	of Last Re 1/28/199	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-1421673			lot Applicable
Suite, Apt. #	etc.	Suite. Apt. #, etc			5. Certificate of Status Desired		— —	Additional Required
City & State		City & State			6. Election Campaign Financing		+ +	May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	ountry	8. This corporation has liability for	intangible tax	under s	199.032,
4	25	29	30			□No		
	Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legisterea A	gent	
				81 Name				
TAPANE	ES, DIEGO			82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)		
6455 W	. 2ND COURT			<u> </u>				
HIALEA	H FL 33012			83				
				84 City			85 Zir	Code
				'	oration submits this statement for the pu	<u>FL</u>	1	
	Sujestive typical or neated fractional respirators agricultural agricu	D DIRECTORS	PE Period	ed Ageot signal octobale	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AN	DELETE		i Tifle	722371070001111011] Change	Addition
TIFLE	TAPANES, DIEGO R.		1	NAME				
NAME	6455 W. 2ND COURT			STREET ADDRESS				
STREET ADDRESS	HIALEAH FL			I CITY - ST-7P				
CITY - ST - ZIP	DS DS	DELFTE		1 11/LE		Ė	Change	Addition
TITLE	TAPANES, ESTHER	L.J		NAME				
NAME AAMSSE ASBRESS	6455 W. 2ND COURT		1	STREET ADDRESS				
STREET ADDRESS	HIALEAH FL			1 CHY-ST-ZIP				
CITY - ST - ZIP TITLE	THALLAITE	DELETE		TILE			Change	Addition
NAME			3:	? NAME				
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CITY-S1-ZIP			3	4 CITY - ST - ZIP			= 7.	
TITLE		☐ DELETE	4	1 TrTLF		L	Change	Addition
NAME			4	2 NAME				
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CITY - S1 - ZIP				4 CITY ST-ZIP		r	Change	☐ Addition
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NAME				2 NAME				
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TITLE	3	DELETE		1 TOTLE		L		
NAME	-		1	2 NAME				
STREET ADDRESS				3 STREET ADDRESS				
r .			= 6	A CHY SLEAR				

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: () LESS TE ALON DIEGO R TAPANES 4-12-96 305 374-3888