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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	408895
1 Corporation Name	400000

TRIO JEWLERY, INC.

Principal	Place	of Br	isiness.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90115 024 ***150.00



Principal Place of Business	Mailing Address		I 1881/1 436() DOLBY 1658 18(48 18(48 46)) BIBL Godin Blibt Arbit Bibli arati 1001	
5 N.E. 1ST STREET, SUITE 55 MAMI FL 33132	55 N.E. 1ST STREET. SUITE 5 MIAMI FL 33132	55	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 09/15/1972	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
ī	26		59-1421673 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intangible	
4 25	29 30	5	Personal Property Tax.	
	ress of Current Registered Agent 10. Name and Address of New Registered Agent			
		81 Nan	ne	
TAPANES, RUBEN 6455 W. 2ND COURT		82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33012		83		
		84 City		
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the o 	State of Florida. Such change was auth	iorized by the co	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE			re required when reinstation) DATE	
Signature, typed or printed name or registered agent and title in applicable (NOTE, registered registered agent and title in applicable)				
12. OFFICER	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			

□ DELETE 1.1 TITLE TITLE 1.2 NAME TAPANED, RUBEN NAME 6455 W. 2ND COURT 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME TAPANES, ESTHER 6455 W. 2ND COURT 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliemental 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: