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 # 412212

TONY'S JEWELRY, INC.

FILED
Feb 17, 1999 8:00 am
Secretary of State
02 17 1000 00050 006 ***150 00



Principal Place of Business		Mailing Address			,			
-1789 S.W. OTH STREET		3011 SW 14 ST	3011 SW 14 ST					
3011 SW 14 ST	r ,	MIAMI FL 33145			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33145	5 -	US	US .					
US					3. Date Incorporated or Qualifed			
	<u> </u>				11/06/1972		_:	
2. Principal Pl	lace of Business	— <u> </u>	2a. Mailing Address		4. FEI Number		plied For	
21			26		59-1425931	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		⊢ '''	Suite, Apt. #, etc.		5. Certifcate of Status Desired	३0.73 A Fee Re		
22			27				 -	
City & State		— · ·	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution		o rees	
	Zip Country Zip		Country		8. This corporation owes the current year in		□No	
24	25	29 (3	<u>0 i</u>		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address	of Current Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
DIAZ	ANTONIO E	* .	"	Name				
DIAZ,ANTONIO F. 3011 SW 14TH ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
						· · · · · · · · · · · · · · · · · · ·	1000 000	
MAIM	MI FL 33145		83					
			84	City		85 Zip (Code	
***************************************			46 - 15 -			f changing its	ragistared	
2 Coffice or r	onictored agent or both in	the State of Florida, Such change was auti	nonzea ov	the corpora	rporation submits this statement for the purpose oution's board of directors. I hereby accept the appo	intment as re	gistered	
i: agent.la	m familiar with, and accept	the obligations of, Section 607.0505, Florid	la Statutes	•		•		
SIGNATURE		·			ired when reinstating) DATE			
40		·-g	tegistered Agen	t signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.		ICERS AND DIRECTORS	1.1 TITLE	$ \tau$	ADDITIONS/OFFINIOCO TO OFFICERO A	☐ Change	Addition	
TITLE	PD	□ betere						
NAME	DIAZ,ANTONIO F.		1.2 NAME				.	
STREET ADDRESS	3011 SW 14 ST	·	1.3 STREET	1			Ī	
CITY-ST-ZIP	MIAMI FL 33145	DELETE	1.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	ST	, LJ DELETE	2.1 TITLE	İ		i onange		
NAME	DIAZ, LIDIA		2.2 NAME				ì	
STREET ADDRESS	3011 SW 14 ST		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-S	IT-ZIP				
TITLE		☐ DELĒTĒ	3.4 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS	, , ,		3.3 STREET	ADDRESS	•	i		
CITY-ST-ZIP	· ·		3.4. CITY-S	T-ZIP		15.4	٥١.	
TITLE		☐ DELETE	4.1 TITLE	-		☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS		•	4.3 STREET	FADDRESS	•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
trile		DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	TADORESS			1	
CITY-ST-ZIP	\$14.5°		5.4 CITY- S	T- ZIP			l	
TITLE		☐ DELETE	6.1 TITLE	- $+$		☐ Change	Addition	
NAME	130 5 5		6.2 NAME					
				TADDRESS			. 1	
STREET ADDRESS	ş ·		BA CITY-S		•	•		

277-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.