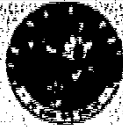


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 485893

(2)

95 MAY -1 AM 2:36

1. Corporation Name

DILEONARDO JEWELRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6320 MIRAMAR PKWY
MIRAMAR FL 33023**

Mailing Address

**6320 MIRAMAR PKWY
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/16/1975

3a. Date of Last Report

07/18/1994

2. Principal Officer - President

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Zip

24

25

29

30

4. FCI Number

59-1622591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for corporate tax under S 109.022

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**FUENTES, CESAR
6320 MIRAMAR PARKWAY
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent is required)

(Signature of Designated Agent or Registered Agent is required)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUENTES, CESAR
STREET ADDRESS	6320 MIRAMAR PARKWAY
CITY, ST, ZIP	MIRAMAR FL
TITLE	S
NAME	FUENTES, MAGDA
STREET ADDRESS	6320 MIRAMAR PARKWAY
CITY, ST, ZIP	MIRAMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the first 111.021(1)(b), 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 manager or business 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:

Magda Fuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

"Sandra B. Morton"

4/25/95 305-987-1776