

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 563137 (9)**  
1. Corporation Name  
**TREBOL-JOYERIA, INC.**



Principal Place of Business: **3784 WEST 12TH AVENUE HIALEAH FL 33012**  
Mailing Address: **3784 WEST 12TH AVENUE HIALEAH FL 33012**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>3784 W. 12TH AVE</b>		26		03/13/1978		05/01/1995	
22 Suite, Apt. #, etc. <b>3784</b>		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State <b>HIALEAH, FLA</b>		28 City & State		59-1806945		Not Applicable	
24 Zip <b>33012</b>		25 Country <b>DADE</b>		29 Zip		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CEFERINO FERNANDEZ, CAFERINO</b> <b>3784 WEST 12TH AVENUE HIALEAH FL 33012</b>				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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *C. Fernandez* DATE: **4-10-96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, CEFERINO		1.2 NAME		
STREET ADDRESS	3784 W 12TH AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL		1.4 CITY - ST - ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, CELIDA		2.2 NAME		
STREET ADDRESS	3784 W 12TH AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

**600001794956**  
-04/25/96--01080-014  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing 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: *C. Fernandez* DATE: **305-821-3591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)