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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 652682

(6)

J. C. JEWELRY MFG., INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						4 188448 Aistet Mille Hall Brien abres an	01 01011 61 <b>0</b> 51 610	II WILLII WIN	II MINET FOR I
117 N.E. 18T AVENUE 117 N.E. 1ST AVENUE									
#802 MIAMI FL 331	99	#602 MIAMI FL 33132			DO NOT WRITE IN THIS SPACE				
US	32	US			3. Date Incorporated or Qualified				
						01/18/1980			1
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		A	pplied For
21		26				59-2017356		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27			6. Octanicate of Glades Busined		Fee R	equired	
City & State	9	City & State			6. Election Campaign Financing			Мау Ве	
23 Zin	Country	Zip Country			Trust Fund Contribution	<u> </u>		to Fees	
Zip	— — · ·	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
24	25 9. Name and Address of Current		30			10. Name and Address of New Re			
00	NTRERAS, ENRIQUE, JR			81	Name			_	
				Out and A state	/D.O. Day March - in March Assessable	-1->			
	' N.E. 1ST AVENUE VMI FL 33132	82 Street Ad			Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
····	AIII 1 D 00 100			В3			·····		
i					City		<del> </del>	Ne   745	Code
				64	City		FL	35 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 Signature, typed or profiled name of registered agont and title if applicable (NOTE Registered Agen) signature required when reinstating).									
12.	Signature, typed or printed name of registered age: OFFICERS AND		Hegistered	d Age	ni signaturé réqui	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND D	RECTO	20 IN 12
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	ertify that the information supplied wi	th this filing does not qualify f				Section 119.07(3)(i), Florida Statutes.	further certif	y that the	Information