Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90028 017 \*\*\*150.00

## 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 # 652682

1. Corporation Name

J. C. JEWELRY MFG., INC.

							SI I I I I I I I I I I I I I I I I I I	#	
Principal Place of Business Mailing Address									
117 N.E. 1ST A	VENUE								
#602		#602 Miami Fl. 33132			DO NOT WEITE IN THE SPACE				
MIAMI FL 33132	2			9. Data I	DO NOT WRITE IN THIS SPACE				
us us					<b>I</b>	3. Date Incorporated or Qualifed 01/18/1980			
<u> </u>									
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number			plied For		
21 36 1	V.E 15 STREET	26 36 N.E / Sheel		59-2	017356				
Suite, Apt.		2a. Mailing Address 2b. J. Sheet  Suite, Apt. #, etc.  27 F. 303 Seybold Bldg.		5. Certifo	5. Certificate of Status Desired			I .	
22 # 303	SeyBOLD BLdG						<del>-</del>		
City & State	MI FLA	City & State  28 MIAMI FLA			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip 2 -	Zip Country			8. This corporation owes the current year Intangible			
24 33/32 25 29 33/32			Personal Property T			nal Property Tax.		☐ Yes i	□No .
24 057	9. Name and Address of Current	Registered Agent	<del>'</del>		10. Name	and Address of New F	Registered /	Agent	
			81	Name					į
CONTRERAS, ENRIQUE, JR						A	. E. 12. V		
117 N.E. 1ST AVENUE.				Street A	ddress (P.O. Bo	x Number is Not Accepta	able)		1
MIAMI FL 33132			83						
1410.43	MI 1 E 00 10 E		"						
$\circ$				City			FL	85 Zip C	1
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m semiliar with, and accept the obligati	and 607,1508, Florida Statutes,	the above	e-named o	corporation subm	its this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of	Florida, Such change was autho	orized by	the corpo	ration's board of	directors. I hereby accep	ot the appoir	itment as reg	jistered
agent. La	m termilar with, and accept the opilical	7 4 // Section 607.0505, Fibrida	Statutes	•		,		99	1
SIGNATURE	Signature, typed or punted happe of registered agent	WINTE Ber	rietorad Agen	t signature re	quired when reinstating	<u> </u>	DATE	<del></del>	ì
12.	OFFICERS AND	4	13.		ADDIT	ONS/CHANGES TO DE	FICERS AN	D DIRECTO	RS IN 12
TITLE	DP / OTTIOERO AIR	DELETE	1.1 TITLE		DP		-7	Change	☐ Addition
	21	<del></del>		١,	DP CONTRERAS ENRIQUE Tr. Change 36 N.E. 15T STREET STE 303				
NAME	COMMENSO, EMMOSE, OIL		1.2 NAME	STREET ADDRESS 36 N.E. 15 STREET STE.		TE 303			
STREET ADDRESS			i		AL LA MA	ELA 22/3).		;	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	P. (HMI	FLA 33132 ERAS DAU EST STree	•	Change	Addition
TITLE	D	☐ DELETÉ	2.1 TITLE		Onto	ERAS DAU	'10 _	Priange	☐ Addition
NAME	CONTRERAS, DAVID 22N		2.2 NAME	NAME 34 Min		1st Stree	r ste	303	
STREET ADDRESS	117 N.E. 1 AVE,STE 1216		2.3 STREET	ADDRESS	36 ///-	· · · · · · · · · · · · · · · · · · ·		٠.	l
CITY-ST-ZIP	MIAMI-FL		2.4 CITY-9	17-ZIP	MIAM	1-FLA-331	32		<del></del> }-
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
			3.4. CITY-5						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
			4. 2 NAME					•	
NAME				. ********					
STREET ADDRESS			4.3 STREE					•	
CITY-ST-ZIP		D Delete	4.4 CITY-S	T-ZIP				☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE					€ Cuando	
NAME			5.2 NAME						
STREET ADDRESS		•	5.3 STREET	- 1			•		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition

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 trusted 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.

6.2 NAME

6.4 CITY-ST-ZIP

6 3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP