## 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 # 675394

(1)

ITALIAN JEWELRY, INC.

**FILED** Apr 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						***********	141 91911 91911 1981		
36 N.E. 1ST STREET 36 N.E. 1ST STREET MIAMI FL 33132 MIAMI FL 33132						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						07/01/1980			
- ·	Place of Business	2a. Mailing Address				4. FEI Number	Applied For		
Suite, Apt.	# oto	26				59-2018801		Not Applicable	
22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip Country		Zip Country			Trust Fund Contribution				
24	25	29	30			Personal Property Tax due June 30.	Yes	ar intangible	
<del></del>	9. Name and Address of Curre					10. Name and Address of New Registers			
HE	RNANDEZ, MIGUEL		8	Na	ame				
36	N.E. 1ST STREET AMI FL 33132		8	82 Street Addre		ess (P.O. Box Number is Not Acceptable)			
W//	4MI FL 33132		Ē	13					
			8	14 Ci	ty		85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	lules, the abo	ove∙na	med corpo	pration submits this statement for the purpose on's board of directors. I hereby accept the a		ing its registered	
agent. La	egistered agent, or both, in the State im familiar with, and accept the oblic	e of Florida. Such change wa jations of, Section 607.0505,	s authorized Florida Statul	by the les.	corporation	on's board of directors, I hereby accept the a	ppointmei	nt as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N	OIE: Boo-stored /	Vacut sia	nature tequien	d when re-estating) DATE			
12.	<del></del>	ID DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS A		CTORS IN 12	
TITLE	PD	☐ DELETE	11 TITL	11 TITLE		N	Cha	ange Addition	
NAME	Hernandez, Miguel		1.2 NAM	1.2 NAME					
STREET ADDRESS	36 N.E.1ST STREET		13 STHE	ET ADDA	RESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP	·				
TITLE			2 1 TITL	2 1 TITLE			L Cha	ange L Addition	
NAME	HERNANDEZ, MARIA C.			2.2 NAME					
STREET ADDRESS	36 N.E. 1ST STREET		2.3 STRE						
CITY-ST-ZIP	MIAMI FL	D BULET	_	/ - S1 - Z(F	)			and Date State	
TITLE		L_] DELETE	3.1 11111				L Cha	ange L_) Addition	
NAME CTREET ADDRESS			3.2 NAM		erce				
STREET ADDRESS			ŀ	ET ADDR	1				
CITY-ST-ZIP TITLE		DILETE	4.1 TITLE	' - ST - ZIF :	·		Cha	enge Addition	
NAME			4. 2 NAN						
STREET ADDRESS				ET ADDR	IESS				
CITY-ST-ZIP			I.	- S1 - 71P					
TITLE				5.1 TITLE			☐ Cha	inge Addition	
NAME			5.2 NAM	F					
STREET ADDRESS			53 STRE	ET ADDR	FSS				
CITY-ST-ZIP			5.4 CHTY	-SI-7IP	ŀ				
TITLE		DELETE	6.1 THU				Cha	inge 🔲 Addition	
NAME			6.2 NAM	E					
Street address			6.3 STRE	et addr	ESS				
CITY-ST-ZIP			6.4 CITY	- ST - ZIP					
44 11		THE RESERVE OF THE PROPERTY OF	<del></del>			1			

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 armual 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 his 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.

1 thousand