

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

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G50449 (9)  
1. Corporation Name  
TOMAS MONTALVO JEWELRY, INC.



Principal Place of Business: 117 NE 1ST AVE, STE 809, MIAMI FL 33132, US  
Mailing Address: 117 N.E. 1ST AVE., 14TH FL. RM 1416, MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 117 NE 1st Ave, Suite, Apt. #, etc. 809, Miami Florida, FL 33132, USA  
2a. Mailing Address: 117 NE 1st Ave, Suite, Apt. #, etc. 809, Miami, FL 33132

3. Date Incorporated or Qualified: 07/15/1983  
4. FEI Number: 59-2302765  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: SHEER, EMERY B., C.P.A., PA, 7700 N KENDALL DR, STE 805, MIAMI FL 33156

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL 33132

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: Yolanda Montalvo

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	MONTALVO, TOMAS	STREET ADDRESS	8821 SW 180TH STREET	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	MONTALVO, YOLANDA	STREET ADDRESS	8821 SW 180TH STREET	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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46/24/98

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 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: Yolanda Montalvo 1/1998 305 436 4666

CR2E094 (10/97)