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

G74921 **DOCUMENT #** 1. Corporation Name

(9)

PELY'S JEWELRY INC.

Principal Place of Business

Mailing Address

2106 WEST PALM AVE.

2106 WEST PALM AVE.



HIALEAH FL 33010		HIALEAH FL 33	HIALEAH FL 33010			
					3. Date Incorporated or Qualified	3a. Date of Last Report
····					11/07/1983	02/07/1995
2. Principal Pla	ace of Business	2a. Mailing Address	5		4. FEI Number	Applied For
21		26	··-·-		59-2317714	Not Applicable
Suite, Apt. #, etc.		⊢ −−1	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Ctu & Stole		27 Cdu 8 Chata		_ ~		Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
<i>Z</i> ip	Country	28	Counti		Trust Fund Contribution	Added to Fees
24	25	Z(p 29	30	У	8. This corporation has liability or in Florida Statutes TV Yes	ntangible tax under si 199.032,
271	9. Name and Address of Curre			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	-
	g. Hame and Address of Corre		8	i Name	ID, Name and Address of New A	egistered Agent
0CDC7	WILEDED		L			
	, WILFRED		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptab	(e)
	NST 56TH ST. NH FL 33013		8:	3		
HIALEA	In rt 33013		L	1		
			8	4 City		FI 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508 Florida 5	Statutes, the above	named corpora	ation submits this statement for the pur	· -
or registere familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was au tion 607,0505, Florida Sta	thorized by the cor stutes.	poration's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable.	(NOTs.: Registered Ag	ont signature regulies	a when read time?	DA*E
12.		ID DIRECTORS	13.	· 	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
THLE	PD	DELETE	1. 1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME	PEREZ, PEDRO J.		1.2 NAME			
STHEET ADDRESS	6040 S.W. 109 CT.		1.3 STREE	EL ADORESS		
CITY+ST-ZIP	MIAMI FL		1.4 COY	·S1-ZIF		
TITLE		☐ DELETE				Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 \$166	I ADDRESS		
CHTY-ST-ZIP			2 4 CITY			
TITLE		☐ DELETE	The state of the s			Change Addition
NAME		_	3.2 NAME	-		
STREET ADDRESS				ET ADDRESS		
CrTY-ST-ZiP			3.4 CITY			
TITLE		DELETE			- ···-··	Change Addition
NAME			4.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CHY-			
TITLE		[] DÉLETE	5 1 10116			Change Addition
NAME			5.2 NAME			C ondarigo C naturali
STREET ADDRESS						
				T ADDRESS		
CITY-ST-ZIP TITLE			54 CITY -			Change C Addition
		[DECEIE	6 1 11111			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	cortify that the information repolied	with this files is a to a to	64 CITY	S1 - 7IP		02/04/2 [2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2

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: PEDIA

PEDROJ. PEREZ

3/15/96 (305) 887-7217