## 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 # **H90859**

1. Corporation Name

N.M.B. JEWELERS EXCHANGE INC

"							
	• •						
Principal Place of Business	Mailing Address						
9450 SOUTHWEST 112TH STREET MIAMI FL 33176	9450 SOUTHWEST 112TH STREET MIAMI FL 33176						
	•						
	M						

## **FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90020 010 \*\*\*150.00



Principal Plac	re of Rusiness	Mailing Address				BLOAN GHOAN OLOH A	
-							
MIAMI FL 3317		9450 SOUTHWEST 112TH ST MIAMI FL 33176	ntt i				
	,	MESSEL I C GALLA			DO NOT WRITE IN THIS	S SPACE	
1					3. Date Incorporated or Qualifed		
		*3			12/19/1985		
2. Principal F	Place of Business .	2a. Mailing Address			4. FEI Number	Apı	olied For
21		26			59-2630691		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.75 A	-,
22	•	27			5. Certifcate of Status Desired	Fee Re	
City & Star	te	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip .	Country	Zip	Coun	itry	8. This corporation owes the current year In	tangible	
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			1	81 Name			
LEVI Stár⊊∵≕	NE, STEVEN G.			82 Street Add	trong /D O. Boy Mumber in Net Appendable		
	S.W. 112TH STREET			oz Street Add	Iress (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33176	•	ļ.	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Programme 1	3 (3) 41
	·		L				8.20 M
· ·			[8	84 City	EI	85 Zip C	ode
44 Durguant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the and	ove-named com	poration submits this statement for the purpose o	changing its	registered
""" office or i	registered agent, or both, in the State of	f Florida. Such change was auth	horized l	by the corporati	ion's board of directors. I hereby accept the appo	intment as reg	istered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statut	tes. •			
SIGNATURE		and title if anytinghla			ed when reinstating) DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		egistered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS A	UD DIDECTO	DS IN 12
TITLE	PD	DELETE	1.1 TITL	e l	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	LEVINE, STEVEN G.		1.2 NAM	•	i		٠
	CARO CIAL AACTU OTDEET			ŀ			
STREET ADDRESS	MIAMI FL		4	EET ADDRESS			}
CITY-ST-ZIP		☐ DELETE		r-ST-ZIP		☐ Change	Addition
TITLE	VD	☐ NETE (E	2.1 TITL				
NAME .	BERFOND, BERNARD	•	2.2 NAM				
STREET ADDRESS	•		2.3 STR	EET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP			
TITLE LEVI	E. 500 E. 4	☐ DELETE	3.1 TITL	E l			☐ Addition
NAME		_ OCCLIC				☐ Change	
STREET ADDRESS		_ occur	3.2 NAM	IE		∐ Change	
CITY-ST-ZIP	9.60 Marc	- OLLET	3.2 NAM	IE EET ADDRESS		☐ Change	t ytta t.
TITLE	10.03.75	- John Marie	3.2 NAM 3.3 STRI			☐ Change	
	# 60 05:05	☐ DELETE	3.2 NAM 3.3 STRI	EET ADDRESS Y-ST-ZIP		☐ Change	Addition
			3.2 NAM 3.3 STRI 3.4. CITY	EET ADDRESS Y-ST-ZIP E		· 4 · · · · · · ·	Addition
NAME STREET ADDRESS			3.2 NAM 3.3 STRI 3.4. CITY 4.1 TITLI 4.2 NAM	EET ADDRESS Y-ST-ZIP E		· 4 · · · · · · ·	Addition
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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, with all other like empowered.

SIGNATURE: