. يستخير . FILED 05241999-90027-038-\$158.75-\$158.75 May 24, 1999 8:00 am Secretary of State CONTROL CONTROL Secretary of State ANNUAL REPORT DIVISION OF COMPORATIONS 1999 05-24-1999 90027 038 ***158.75 DOCUMENT # J25549 1. Corporation Name Miami Jewelry Institute, Inc. 569986 - 90020 - 40 Principal Place of Business Mailing Address Bakehouse Art Complex 561 N.W.32nd St. DO NOT WRITE IN THIS SPACE Same Miami, Fl.33127 3. Date incorporated or Qualifed July 24, 1986 2. Poncipal Place of Business Applied For 4.55 N269-8050 2a. Mailing Address Same Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 Miami. Country 8. This corporation owes the current year Intangible Country Yes □No Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Pat Taylor 10015 Snapper Cr. Rd. Street Address (P.O. Box Number is Not Acceptable) Miami, Fl. 33156 83 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-names of poration submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Pat Taylor Signature, typed or priviled name of regulatered agent and title of applicate CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition TITLE DELETE 1.1 TITLE Director NAME 12 NAME Pat Taylor 1.3 STREET ADDRESS STREET ADDRESS 10015 Snapper Ck. Rd. 1.4 CITY-87-ZIP CITY-ST-ZIP Change Addition Miami,F1.33156 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 32 NAME" NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 4.1 TITLE MLE_ 4.2 NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Сhange Addition ☐ DELETE mle S1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS SACITY-ST-7IP CITY-ST-ZIP DELETE Change ☐ Addition 82 NAME NAME

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 of director of the corporation-movine receiver or incisee empowered to execute this report as required by Chapter 607; Florida Statutes; and that my name appears in Block 12 or Block 13 if chamfed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

STREET ADORESS

Pat Taylor

May 17, 1999

305-573-5707

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