FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (3)**DOCUMENT #** Corporation Name DADDY'S JEWELRY STORE, INC. Principal Place of Business Mailing Address 3033 NE 2ND AVE. 3033 NE 2ND AVE. MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1986 03/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 21 65-0293607 26 No: Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm I}$ Country Country 8. This corporation has liability for intanoible tax under s. 199 032. 24 25 29 Yes No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JIMENEZ, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 82 3033 NE 2ND AVE. MIAMI FL 33132 R3 84 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Scattern 607.0505, Florida Statutes. 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TIFLE 1 1 Tell. 6 ☐ Change Addit on JIMENEZ, EDUARDO NAME 1.2 NAME 1001 NE 2ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CiTy - \$1 - ZiP TITLE DELETE 2.1 1111.5 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2.4 CHTY - ST. ZIP THE DELFTE 3 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST ZIP 3.4 C(f) -S1_Z(P) TIFLE DELETE 4 17111 ☐ Change Add-tion NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 44 CHY-ST ZIP TOLE DELETE 5 1 IIII E ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TIME DELETE € 1 THLE Change Addition NAME € 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this argument and supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or directuring thing 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 argument, or on an attachment with an address

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accer. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: