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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J60119

(1)

ALDO BRIONI FINE JEWELERS & MANUFACTURING, INC.

Principal Place of Business Mailing Address 1603 W SNOW CIRCLE 1603 W SNOW CIRCLE TAMPA FL 33606 **TAMPA FL 33606** 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing

28

29

Zip

WILSON, RICHARD % ALDO BRIONI JEWELERS 1603 W. SNOW CIRCLE

25

TAMPA FL 33606

Country

9. Name and Address of Current Registered Agent

81 Name

Street Address (P.O. Box Number is Not Acceptable) 83

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

03/04/1987

58-1726788

Trust Fund Contribution

FILED

Jan 29 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

☐ Yes

85

Not Applicable

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.

84 City

Country

30

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NAME WILSON, RICHARD 1.2 NAME 5970 SW 18TH ST SUITE 243 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME ALESSI, DINO 22 NAME STREET ADDRESS 3025 ASBURY PLACE 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME FORTE, DENA 32 NAME STREET ADDRESS 4108 VASCONIA ST. 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change ___ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITS F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

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.

SETAVOT aleb Breon Juders 1/22/CX (BB)2537288