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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K24391

EDDIE JEWELRY, INC.

1999

Principal Place 1124 W. FLAGL MIAMI FL 33130	ER ST.	Mailing Address 1124 W. FLAGLER ST. MIAMI FL 33130	1124 W. FLAGLER ST.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					05/23/1988
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0054835 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	е	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		11 70	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New Registered Agent
CALDERON, EDWARD 1124 W. FLAGLER ST. MIAMI FL 33130			8		Address (P.O. Box Number is Not Acceptable)
	•		Ľ		
			{	4 City	FL 85 Zip Code
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obligations of the obligation of the section of the sec	te of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized t ida Statut	es.	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered aquired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CALDERON, EDWARD		1.2 NAM	E	
STREET ADDRESS			1.3 STR	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL			-ST-ZIP	
TITLE	DELETE		2.1 TTTL	- I	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP				(-ST-ZIP	Change Addition
TITLE			3,1 TITU		· · ·
NAME			3.2 NAM	ſ	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITL	/-ST-ZIP	☐ Change ☐ Addition
		_ 5	4, 2 NAN		
NAME	•			EET ADDRESS	
STREET ADDRESS				-ST-ZIP	
CITY-ST-ZIP TITLE		☐ OELETE	5.1 TITL		☐ Change ☐ Addition
NAME		<u>—</u> ,	5.2 NAM		
STREET ADDRESS	,		5.3 STR	EET ADDRESS	
CITY OT 7ID			5.4 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, with all other like empowered. attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

4/20/99

☐ Addition

☐ Change

May 04, 1999 8:00 am Secretary of State

05-04-1999 90081 035 ***150.00