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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K25107

Principal Place of Business

EL BRILLANTE JOYERIA, INC.

1214 SW 8TH STREET MIAMI FL 33135		1214 SW 8TH STREET MIAM! FL 33135				DO NOT WRITE IN THIS SPACE				
٠.						3.	Date Incorporated or Qualifed 06/01/1988			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		App	lied For
21	ş	26					65-0069847		Not	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	**		.,	T <u>-</u>	Cartificate of Status Designed		\$8.75 A	
22		27) 3 .	Certificate of Status Desired	L-J	Fee Req	uired
City & State		City & State .				6.	Election Campaign Financing		\$5.00 N	May Be
—		28		•		-	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the cur	rent year Int	angible	
—¬ ˙		29	30	-		•	Personal Property Tax.	•	∭X Yes [□No ·
24	9. Name and Address of Current		130;	r		10.	Name and Address of New	Registered	Agent	
	9. Name and Address of Current	Registered Agent		81	Name					
EI 1A	S, EDUARDO									
	SW 8TH STREET			82	Street Addre	ess (P	O. Box Number is Not Accept	(able)	•	İ
			ļ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 d day	12, 30, 30, 30	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MIAN	AI FL 33135			83						1 121 12
•				84	City			FL	85 Zip C	ode .
America (November 2007)	and the second s	4						<u> </u>	<u>- </u>	naiotorad
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	! and 607.1508, Florida Statut of Florida. Such change was a ions of, Section 607.0505, Flo	tes, the at authorized orida Statu	bove i by t utes.	named corpo the corporation	oration n's bo	pard of directors. I hereby acce	opt the appoi	intment as reg	stered
SIGNATURE			- n	· A A	t signature required	uton r	reineteting)	DATE	·	
	Signature, typed or printed name of registered agen	, ,	13.	Agent	t signamie reduiteo		ADDITIONS/CHANGES TO OF	FFICERS AI	ND DIRECTOR	RS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TO	n =		<u>_</u>			Change	Addition
TITLE .	PD	, ,							• .	
NAME	ELIAS, EDUARDO		1.2 NA							·
STREET ADDRESS	.1214 S.W. 8TH STREET		- 1.3 ST	TREET.	ADDRESS					i
CITY-ST-ZIP	MIAMI FL		_	TY-ST	r-ZIP				<u> </u>	Addition
TITLE	S	☐ DELETE	2.1 TI	ΠE					Change	
NAME	ELIAS, LISSETTE						•		Change	Li Addition
STREET ADDRESS			2.2 NA						Change	L. Addition
	1214 S.W. 8TH STREET			AME	ADDRESS				☐ Change	L. Audilion
	1214 S.W. 8TH STREET		2.3 ST	AME				- ~		
CITY-ST-ZIP	1214 S.W. 8TH STREET MIAMI FL	DELETE	2.3 ST	AME TREET				· ~	Change	☐ Addition
CITY-ST-ZIP TITLÉ		☐ DELETE	2.3 ST 2.4 C	AME TREET CITY-\$1				· -		
CITY-ST-ZIP TITLE NAME:		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA	AME TREET CITY-SI TLE AME	T-ZIP			~ ~		
CITY-ST-ZIP TITLE NAME:		☐ DELETE	2.3 ST 2.4 C 3.1 TV 3.2 N/ 3.3 ST	AME TREET, CITY-S1 TLE AME TREET	T-ZIP ADDRESS					
CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP		· ·	2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4. C	AME TREET. CITY-S1 TLE AME TREET CITY-S1	T-ZIP ADDRESS				Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE	MIAMI FL	DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/	TREET. CITY-SI TILE AME TREET CITY-SI TILE VAME TREET TITY-SI TILE AME	T-ZIP ADDRESS T-ZIP T ADDRESS				Change	Addition

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

□ DELETE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90065 019 ***150.00

☐ Addition