

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K75828** (9)

1. Corporation Name

FINE JEWELRY BY ISMAEL, INC.



Principal Place of Business

**7318 E. COLONIAL DRIVE
3627 N ECONLOCKHATCHEE TRAIL
ORLANDO FL 32807
US**

Mailing Address

**7318 E. COLONIAL DRIVE
3627 N ECONLOCKHATCHEE TRAIL
ORLANDO FL 32807
US**

3. Date Incorporated or Qualified
03/22/1989

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

25. Zip

Country

30. Zip

Country

4. FEI Number
59-2945953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, ISMAEL
3627 N ECONLOCKHATCHEE TRAIL
ORLANDO FL**

81. Name

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

83.

84. City

FL

85. Zip Code

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.

SIGNATURE

(Signature of the person who is authorized to sign this report on behalf of the corporation)

(Signature of the Registered Agent, if different from the person who is authorized to sign this report on behalf of the corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D HERNANDEZ, ISMAEL**
STREET ADDRESS **3627 N ECONLOCKHATCHEE T**
CITY-STATE-ZIP **ORLANDO FL**

2. TITLE ☐ DELETE
NAME **D HERNANDEZ, RAMONA**
STREET ADDRESS **3627 N ECONLOCKHATCHEE T**
CITY-STATE-ZIP **ORLANDO FL**

3. TITLE ☐ DELETE
NAME **V MILAGROS J. BRINSON**
STREET ADDRESS **3627 N. ECON TRL.**
CITY-STATE-ZIP **ORLANDO FL**

4. TITLE ☐ DELETE
NAME **T ISMAEL ARIEL HERNANDEZ**
STREET ADDRESS **2367 JUSTY WAY**
CITY-STATE-ZIP **ORLANDO FL**

5. TITLE ☐ DELETE
NAME **T ISRAEL ABEL HERNANDEZ**
STREET ADDRESS **1228 SHAKENTOWN ST.**
CITY-STATE-ZIP **KNIGHTDALE N.**

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

ISMAEL HERNANDEZ

02/18/96

407-380-2833

Date

Daytime Phone

CR2E034 (12/95)