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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K83225 (8)

FILED Mar 06 1998 8:00am Secretary of State

PEARL COLLECTION, INC.						A ADDIONIC DOLLONGO KINO NIGIO MODI DINI DIREK O	MANA BABAN BABAN P	16011 018 51 1961	
Principal Place of Business Mailing Address				-			IRII BIRSE OIDII O	##### # ##############################	
3655 N.W. 71ST STREET 3655 N.W. 71ST STREET			ī						
MIAMI FL 33147 MIAMI FL 33147						DO NOT WRITE IN THE	IS SDACE		
						3. Date Incorporated or Qualified	3 SFACE		
						04/25/1989		1	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26				65-0162165	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & Stat	o ·	City & State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6. Election Campaign Financing		O May Be	
Zip Country		Z(p Country			Trust Fund Contribution		d to Fees		
24	—			JIRLY		This corporation owes or has paid the operation Property Tax due June 30.		Intangible No	
24	25 29 g. Name and Address of Current Registered Agent		[30]			10. Name and Address of New Registers			
PE	REZ SR., ADOLFO			B1	Name				
3701 W. 1ST AVENUE					Otrono A. A. allalar	O O O De Newlow (a New Yorks)			
	AMI FL 33012		82 Street Ac		Street Addit	ess (P.O. Box Number is Not Acceptable)			
				B3					
				84	City		[ag 7]	p Code	
						F			
11, Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	22 and 607.1508, Florida Statut of Florida Such change was attions of, Section 607.0505, Fl	bove- d by t lutes.	named corp the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment a	its registered as registered		
SIGNATURE									
48	Signature, typed or printed name of registered age			d Agent	t signature require	ed when reinstating) DATE			
12. TITLE	OF ICE HS AN	ID DIRECTORS DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
NAME	PEREZ SR., ADOLFO			1,2 NAME				rounton	
STREET ADDRESS	3701 W. 1ST AVENUE		1.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	HIALEAH FL			1TY-ST-				}	
TITLE	TR	☐ DELETE	2.1 TI			•	Change	Addition C	
NAME	PEREZ, ADA		2.2 N/	AME					
STREET ADDRESS	3701 W. 1ST AVENUE			2.3 STREET ADDRESS					
CITY-ST-ZIP	HIAHLEAH FL			2. 4 CITY - ST - ZIP					
TITLE	\$	☐ DELETE	3.1 TI	TLE			☐ Change	Addition	
NAME	PEREZ JR., ADOLFO		3.2 NAME						
STREET ADDRESS	5840 W. 3RD LANE		3.3 STREET						
CITY-ST-ZIP TITLE	HIALEAH FL	DELETE	3.4. CITY-5 4.1 TITLE		- ZIP		Char	Addition	
NAME			4.1 II 4.2 N		1		Change	: [_] Addition	
STREET ADDRESS					DORESS				
CITY-ST-ZIP									
TITLE		DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition	
NAME				52 NAME			4·		
STREET ADDRESS					DDAESS				
CITY-ST-ZIP				TY-ST-	I				
TITLE		☐ DELETE	6.1 TI				Change	Addition	
NAME			6.2 N	AME				İ	
STREET ADDRESS			6.3 ST	TREET AC	DDRESS			ļ	
CITY-ST-ZIP			6.4 CI	ITY-ST-	ZIP				
14. I hereby o	certify that the information expolicd w	ith this filing does not cyfally fo	or the exe	emptic	on stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that th	ne information	

accurate/and that my signature shall have the same legal effect as if made under oath, that I am an to except this report as required by Chapter 607, Florida Statutes; and that my name appears in