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FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # L69235

(4)

1. Corporation Name
ESMERALDA JEWELRY NO. 2, INC.



Principal Place of Business

**1277 W FLAGLER ST
 MIAMI FL 33135**

Mailing Address

**1277 W FLAGLER ST
 MIAMI FL 33135-2419**

3. Date Incorporated or Qualified

05/01/1990

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0189540

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

**NONES, LARRY CPA
 SUITE 201
 1985 NW 88 COURT
 MIAMI FL 33172**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** DELETE
 NAME **CORDOVA, REGINO**
 STREET ADDRESS **295 SW 23TH AVE**
 CITY - ST - ZIP **MIAMI FL**

TITLE **V** DELETE
 NAME **LINARES, JUAN**
 STREET ADDRESS **2820 SW 80TH AVE.**
 CITY - ST - ZIP **MIAMI FL**

TITLE **ST** DELETE
 NAME **PEREX, DALIA**
 STREET ADDRESS **2820 SW 30 AVENUE**
 CITY - ST - ZIP **MIAMI FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - 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 - ST - ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Regino Cordova*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regino Cordova
Director
 Date: **1/20/97**
 Daytime Phone #: **(305) 544-4221**

CR2E034 (9/96)