X64 10 X6	E SON KANTAK SILULA KULA ASIK ILIK WIL		REFERENCE /	MAND INDOM				
AMENDED	PROFIT AND SOME	EL ORIDA DEPAR	TMENT OF STATE	u variati				
COF	CORPORATION Katherine Harris				Į.		-	
	UAL REPORT Secretary of State  1999 \$61.25  DIVISION OF CORPORATIONS				FILED			
1	MENT # / (09/2		99 NOV 15 PM 4: 19					
1. Corporatio			SECRE	TARY OF	FSTATE			
ESMERA	LDA JEWERLY NO. 2		TALLAF	ASSEE.	F STATE FLORIDA			
Principal Plac	e of Business							
	EST FLAGER STREET	ET						
MIAMI,	FLORIDA 33135	J	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
				MAY 10th, 19	MAY 10th, 1990.			
2. Principal Place of Business 21 1277 WEST FLAGER ST. 26 1277 WEST FLAGER ST.				4. FEI Number T. 65-0189540			Applicable	
Suite, Apt. #, etc.				5. Certifcate of Status Desi	red []	\$8.75 A	dditional	
I MINM	City & State City & State				ncing []	\$5.00 I	May Be	
Zip Country Zip Country				Trust Fund Contribution  8. This corporation owes the	e current year Int	Added to angible	rees	
24 33135 25 U.S.A. 29 33135 30 U.S.A. Personal Property Tax. Personal Property Tax. Yes No.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent								
-	J. Hame and Addition of Carrent	Augistered Agent	81 Name		ton registered /	- goin		
	NO CORDOVA	Address (P.O. Box Number is Not A 2820 S.W. 80th	cceptable)					
295 S.W. 23RD AVENUE				2020 B.W. OUCH	ATMOR			
MIAMI, FLORIDA 33130						85 Zip C	ode	
11. Pursuart	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s, the above-named	MIAMI corporation submits this statement for	or the purpose of	85 Zip C 331 changing its r		
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 fampliar with, and accept the objigations of Section 607.0505, Florida Statutes.								
SIGNATURE Strature Types or printed name of registered agent and pirkyl applicable (NOTE: Registered Agent signature required when relinstating)  DME								
12.	OFFICERS AND	<b>GIRECTORS</b>	13.	ADDITIONS/CHANGES T	O OFFICERS AN			
NAME	DIRECTOR, PRESIDEN REGINO CORDOVA	T & TRESCLETE	1.1 TITLE 1.2 NAME	DALIA PERE	<del>_</del>	Change	Addition	
STREET ADDRESS	295 S.W. 23RD AVE		1.3 STREET ADORESS	2820 50 80	AVE.		6	
CITY-ST-ZIP	MIAMI, FLORIDA 33	130	1.4 CITY-ST-ZIP 2.1 TITLE	MIAMI, FI 3	3165	Change	Addition	
NAME		_ becele	22 NAME			\		
STREET ADDRESS			2.3 STREET ADDRESS		1	ra /		
CON-ST ZF THEF	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2 4 CFTY-ST-ZIP 3 1 TITLE	80000	13060	<u> </u>	Admion	
NAME			32 NAME	-12	/06/990	10080	03	
STREET ADDRESS			3.3 STREET ADDRESS	<b>冰</b> 冻:	¥¥61.25	****	1.25	
THUE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY ST-ZIF		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition	
NAME			5.2 NAME			-		
STREET ADDRESS			5.3 STREET ADDRESS					
CHTY-ST-ZIP TILE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				_	

63 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

COTISTIZE

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.

SIGNATURE:

SIGNATURE:

SIGNATURE DO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day I Deate Description of the corporation of the receiver of trustee empowered.

Day I Deate Description of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that I am an officer of director of the exemption indicated in Section 119.07(3)(i). Florida Statutes, I further certify that I am an officer of director of director of director of director of director of the exemption indicated in Section 119.07(3)(i). Florida Statutes, I further certify that I am an officer of director of dir