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

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc..

1 NE 1 ST

UNIT 10 MIAMI FL 33132

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**PROFIT** CORPORATION ANNUAL REPORT 1999

BELLA D'ORO JEWELRY CORPORATION

Country

25

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.~-

City & State

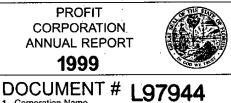
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Zip

1 NE 1 ST UNIT 10

MIAMI FL 33132



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 050 \*\*\*150.00

	-		
	DO NOT WRITE IN THIS SPACE		
	3. Date Incorporated or Qualifed		
	09/05/1990		
	4. FEI Number	Applied For	
	59-3035487	Not Applicable	
	5. Certificate of Status Desired	8.75 Additional Fee Required	
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Country	This corporation owes the current year Intang Personal Property Tax.	ible Yes □No	
	10. Name and Address of New Registered Age	ent	
81 Name			

9. Name and Address of Current Registered Agent		IV. Name and Address of Non Registered Agent				
	81	Name				
1799 NE 164 ST.	82	Street Address (P.O. Box Number is Not Acceptable)				
N. MIAMI BCH. FL 33162	83					
•	84	City	FL	85	Zip Code	
. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab	ονe	-named corporation submits this statement for the purpo	se of cl	nang	ing its registered	

30

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby

agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Fig.	nda Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	; Registered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	S IN 12
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition
NAME	SHERMAN, DEBORAH	1.2 NAME			
STREET ADDRESS	21153 NE 18 PL.	1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH. FL.	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2,1 TITLE		☐ Change	☐ Addition
NAME	•	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	and the second s	2.4 CITY-ST-ZIP	المنظم به الين السخم الما ما ما ما الما ما الم 		/
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	•	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	,	4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME		<b>.</b>	
STREET ADDRESS		5.3 STREET ADDRESS			
City-ST-ZIP		5.4 CITY- ST- ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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, if pn an attachment with all other like empowered.

SIGNATURE