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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90107 040 \*\*\*150.00

DOCUMENT # M14000

1. Corporation Name

MORALES JEWELRY MANUFACTURING, INC.

Principal Place of Business

117 N.E. 1ST AVE.  
SUITE 801  
MIAMI FL 33132  
US

Mailing Address

117 N.E. 1ST AVE.  
SUITE 801  
MIAMI FL 33132  
US

2. Principal Place of Business

2a. Mailing Address

21 14 N.E. 1 AVE

26 14 N.E. 1 AVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Miami, FL

28 Miami, FL

24 Zip

25 33132

26 Country

27 US

29 Zip

30 33132

31 Country

32 US

9. Name and Address of Current Registered Agent

MORALES, MARIO J.  
117 N.E. 1ST AVE.  
SUITE 801  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name MORALES, MARIO J.

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

83 14 N.E. 1 AVE

84 Suite 304

85 City MIAMI

86 FL

87 Zip Code

88 33132

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 PSD  
NAME MORALES, MARIO J.  
STREET ADDRESS 10510 S.W. 54TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE VPTD  
NAME MORALES, CARLOS A.  
STREET ADDRESS 1221 S.W. 97 COURT  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIO J. MORALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 (305) 3745807

CR2E034 (11/98)