


FILED
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Secretary of State

03-03-1999 90097 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M19197

1. Corporation Name

MIAMI GOLD JEWELRY, INC.

Principal Place of Business

% SEGUNDO PLA
 3028 N. W. 7TH ST.
 MIAMI FL 33125-4204

Mailing Address

% SEGUNDO PLA
 3028 N. W. 7TH ST.
 MIAMI FL 33125-4204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Miami Gold Jewelry	26 3028 NW 7 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 3028 NW 7 ST	27 MIAMI FL
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip	Zip
24 33125	29 33125
Country	Country
25 US	30 US

3. Date Incorporated or Qualified

08/09/1985

4. FEI Number

59-2575666

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐Yes ☒ No

9. Name and Address of Current Registered Agent

PLA, SEGUNDO
3028 N. W. 7TH ST.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name **PLA, Jose Luis**
 82 Street Address (P.O. Box Number is Not Acceptable)
10364 SW 2 ST
 83
 84 City **Miami** FL 85 Zip Code **33174**

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

Jose Luis PLA President 3/26/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PLA, SEGUNDO	
STREET ADDRESS	2840 NW 6TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PLA, JOSE LUIS	
1.3 STREET ADDRESS	10364 SW. 2 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-99

Daytime Phone

(305) 449-5374

CR2E034 (11/98)