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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M23693 (8)

BY DESIGN JEWELERS, INC.

FILED

Mar 10 1998 8:00am

Secretary of State

| Principal Place of Business 27 MRACE MILE CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/21/1985 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 11/21/1985 | | | | | | | | |
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| CORAL GABLES FL 33134 | Principal Place of Business Mailing Address | | | | | a coridost que pieso pisto sitio solo par | N OFOR OLDER BIGHT BEDEF OF | |
| 11/21/1985 2a, Mailing Address 4. FEI Number Applied For 21 26 Sule, Apr. #, etc. 59-2612232 Not Applied For Not Applied For Style, Apr. #, etc. Sule, Apr. #, etc. Sule, Apr. #, etc. Sule, Apr. #, etc. Sule, Apr. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State Country Zip Country Zip Country Zip Country Added to Fees | | | | | | DO NOT WRITE IN THIS SPACE | | |
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| City & State City | | | | | | | - ¢9.75 | |
| Zip | | | | | | 5. Certificate of Status Desired | Fee R | equired |
| Zip | L ' | | | | | , , , | | |
| 28 29 30 Personal Property Tax due June 30. Yes No | | | | Country | | - | | |
| LOPEZ, GAYE V. 297 MIRACLE MILE CORAL GABLES FL 33134 83 | 24 | 25 | 29 | - | | | | |
| ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City | | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| CORAL GABLES FL 33134 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Socilons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and tamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P | | | | B | Name | | |) |
| B3 P4 City FL B5 Zip Code | | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or profited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 11. TITLE DELETE 11. S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 14. CITY-ST-ZIP TITLE S DELETE 14. CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition | 0 | HAL GABLES FL 33134 | | 8: | 3 | | | |
| 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or profited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 11. TITLE DELETE 11. S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 14. CITY-ST-ZIP TITLE S DELETE 14. CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition | | | | 9/ | l City | | as Zin | Code |
| SIGNATURE Signature, typed or printed name of registered agent and title of epiplicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P LOPEZ-LUACES, GAYE V. 12 MAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 14 CITY-ST-ZIP TITLE S LOPEZ, TARA L. 22 NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 14 CITY-ST-ZIP TITLE S LOPEZ, TARA L. 22 NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 14 CITY-ST-ZIP TITLE S CORAL GABLES FL 15 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 16 Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AME STREET ADDRESS | | | | | 1 . | | -L | |
| Signalure, typed or privide name of registered agent and title of applicable (NOTE: Registered Agent expeditive required when reinstating) DATE | 11. Pursuant to office or reagent. I ar | to the provisions of Sections 607.051 agistered agent, or both, in the State m familiar with, and accept the oblig | 02 and 607.1508, Florida Statutes a of Florida. Such change was au gations of, Section 607.0505, Flor | s, the abou uthorized to ida Statute | re-named corp by the corporations. | poration submits this statement for the p lion's board of directors. I hereby accep | urpose of changing in the appointment as | ts registered registered |
| 12. OFFICERS AND DIRECTORS TITLE P | SIGNATURE | <u> </u> | | | | | | |
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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 of 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 attrichment with an address.

SIGNATURE: