

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M26320

(5)

1. Corporation Name
REVILLA'S JEWELERS, INC.



Principal Place of Business

~~O/O G. FRANK QUESADA~~
1085 W. 29 STREET
HIALEAH FL 33012

Mailing Address

~~O/O G. FRANK QUESADA~~
1085 W. 29 STREET
HIALEAH FL 33012-5011

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

~~QUESADA, G. FRANK~~
~~747 PONCE DE LEON BLVD.~~
~~STE. 810~~
~~CORAL GABLES FL 33134~~

REVILLA J. Emilio
1085 W 29 ST.
HIALEAH FL 33012

3. Date Incorporated or Qualified
01/23/1986

3a. Date of Last Report
02/26/1996

4. FEI Number
59-2641421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name REVILLA J. Emilio

82 Street Address (P.O. Box Number is Not Acceptable)
1085 W. 29 STREET

83

84 City HIALEAH FL 85 Zip Code 33012

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

Emilio Revilla
Signature, type or print name of registered agent and title, if applicable

(Emilio Revilla) PRESIDENT

3-12-97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS REVILLA, EMILIO
CITY-ST-ZIP 5701 COLLINS AVE.
APT 902
MIAMI BEACH 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5701 COLLINS AVE. #902
1.4 CITY-ST-ZIP MIAMI BEACH FL 33140

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Emilio Revilla* 3-12-97 (201) 0030379

CR2E034 (9/96)