SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 AUG -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # **M28358** (3)

1. Corporation Name
I.M. JEWELRY II, INC.

Principal Place of Business	Mailing Address
168 NE 8TH ST HOMESTEAD FL 33033	168 NE 8TH ST HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/05/1986	07/05/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2669120 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARIN, ISRAEL J.CE 15449 SW 138 PLACE MIAMI FL 33177	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ 7/21/97
Signature, typed or printed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARIN, ISRAEL J JR. 15449 SW 138 PLACE MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002259930--2 -08/06/97--01110--012 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARIN, SANDRA S 15449 SW 138 PLACE MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	8-6-97 ☐ Change ☐ Addition

CR2E034 (4/97)

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 _____ 7/21/97

(2)

Andy Martinez, C.P.A.
a Professional Association
8360 West Flagler Street #205
Miami, Florida 33144
(305) 559-3000

July 25, 1997

Florida Department of State
Annual Reports Section
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Agent:

Re: I.M. Jewelry II, Inc.
FEIN: 59-2669120, Document No. M28358

According to our records the 1997 Annual Report for the above mentioned corporation was submitted on January 4th, 1997. Upon receipt of 2nd notice, it became apparent that check #4882 has not cleared the bank. Therefore we have place a stop payment, which copy is enclosed and copy of the check stub as proof that this document was indeed sent within it's due date, and in good faith.

Enclosed please also find the 2nd notice of renewal, signed and dated, along with a check (#5102) in the amount of $165.00 replacing the lost check No. 4882

Taking the above into consideration, we ask that you abate the penalties and late filing file fee. If there are any questions, please do not hesitate in contacting me at the above number.

Respectfully Yours,

Jeannie Cepero
Staff Accountant

JC/jc

Enclosures:
as stated above.

3

4880 1/2 19 97	BAL. BRO'T FOR'D	10810	71
TO R Asi Beepers	DEPOSITS		
FOR	TOTAL		
	THIS CHECK	20.	84
	OTHER TRANS. +/-		
TAX DEDUCTIBLE ☐	BALANCE	10789	87

4881 1/4 19 97			
TO Fl. Unemployment Comp	DEPOSITS		
FOR Penalty 3rd Qt. 96	TOTAL		
	THIS CHECK	25.	00
	OTHER TRANS. +/-		
TAX DEDUCTIBLE ☐	BALANCE	10764	87

4882 1/4 19 97			
TO Department of State	DEPOSITS		
FOR	TOTAL		
	THIS CHECK	165.	00
	OTHER TRANS. +/-		
TAX DEDUCTIBLE ☐	BALANCE	10599	87

Barnett Bank

ACCOUNT OFFICE: Homestead Office

Our records indicated that the item has not been paid by the Bank since the last statement dated 06/30/97

STOP PAYMENT ORDER

ACCOUNT TITLE: I.M. JEWELRY INC #2	ACCOUNT NUMBER: 037 1595105256
CHECK NUMBER: From 0000004682 To	DATE: 01/04/97
AMOUNT: $ 165.00	
PAYEE: DEPARTMENT OF STATE	REASON FOR STOP: LOST
EXPIRATION DATE: 01/21/98	DUPLICATE ISSUED? X If Yes, Date 07/21/97
REPLACEMENT CHECK NUMBER: 5102	
DATE RECEIVED BY BANK: 07/21/97	TIME: 15:36
PHONE: 305-248-4340	

THIS STOP PAYMENT ORDER SHALL NOT BECOME EFFECTIVE UNTIL BARNETT BANK HAS BEEN GIVEN A REASONABLE OPPORTUNITY TO ACT UPON IT. Additionally, your rights and obligations are subject to the terms of your Depositor's Agreement and the laws of the state where your Barnett Bank account is located, including amendments to either or both from time to time. Your account will be debited according to Barnett Bank's then current miscellaneous fee schedule for each item on which stop payment is ordered.

ACCEPTED BY: NAOMI BRADFORD	OFFICE: Homestead Office	DATE: 07/21/97
DATE RELEASED	TIME	STOP ID NUMBER
CUSTOMER SIGNATURE: X		

WHITE—BOOKKEEPING • CANARY—CUSTOMER

Previous editions are obsolete

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