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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90028 010 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M28358

1. Corporation Name

I.M. JEWELRY II, INC.

Principal Place of Business

168 NE 8TH ST
HOMESTEAD FL 33033

Mailing Address

168 NE 8TH ST
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/05/1986

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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

MARIN, ISRAEL J.CE
15449 SW 138 PLACE
MIAMI FL 33177

10. Name and Address of New Registered Agent

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

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 PD
NAME MARIN, ISRAEL J JR.
STREET ADDRESS 15449 SW 138 PLACE
CITY-ST-ZIP MIAMI FL

TITLE VPD
NAME MARIN, SANDRA S
STREET ADDRESS 15449 SW 138 PLACE
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 TE

☐ Change ☐ Addition

1.2 ME

1.3 REET ADDRESS

1.4 Y-ST-ZIP

2.1 TE

☐ Change ☐ Addition

2.2 ME

2.3 REET ADDRESS

2.4 Y-ST-ZIP

3.1 TE

☐ Change ☐ Addition

3.2 ME

3.3 REET ADDRESS

3.4 Y-ST-ZIP

4.1 TE

☐ Change ☐ Addition

4.2 ME

4.3 REET ADDRESS

4.4 Y-ST-ZIP

5.1 TE

☐ Change ☐ Addition

5.2 ME

5.3 REET ADDRESS

5.4 Y-ST-ZIP

6.1 TE

☐ Change ☐ Addition

6.2 ME

6.3 REET ADDRESS

6.4 Y-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 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 others empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)