

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M44986

1. Corporation Name

Gerjos Jewelry, Inc.

Principal Place of Business

Mailing Address

36 N.E. 1 Street #229
Miami, FL 33132

Same

3. Date Incorporated or Qualified

01/20/87

3a. Date of Last Report

1996

2. Principal Place of Business

2a. Mailing Address

21 36 N.E. 1 Street

26 36 N.E. 1 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 229

27 229

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33132

25 Dade

29 33132

30 Dade

4. FEI Number

59-2776092

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lopez, German C.
1300 S.W. 21 Ave.
Miami, FL 33145

81 Name

Lopez, Jose C.

82 Street Address (P.O. Box Number is Not Acceptable)

1500 S.W. 16 Ave.

83

84 City

Miami, FL

FL

85 Zip Code **33145**

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]

(NOTE: Registered Agent signature required when reinstating)

02-10-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Lopez, German C.	
STREET ADDRESS	1300 S.W. 21 Ave.	
CITY - ST - ZIP	Miami, FL 33145	

1.1 TITLE	D.P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lopez, Jose	
1.3 STREET ADDRESS	1500 S.W. 16 Ave.	
1.4 CITY - ST - ZIP	Miami, FL 33145	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Lopez, Juana	
STREET ADDRESS	1305 S.W. 21 Ave.	
CITY - ST - ZIP	Miami, FL 33145	

2.1 TITLE	D. S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mata, David	
2.3 STREET ADDRESS	2531 S.W. 17 St.	
2.4 CITY - ST - ZIP	Miami, FL 33145	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-97

Date

305-859 8283

Daytime Phone #

CR2E034 (9/96)