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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90005 048 \*\*\*150.00

| 1. Corporation                              | MENT # M88928 S JEWELRY, INC.  |   |                                    |  |  |
|---|--|---|------------------------------------|--|--|
|   | o deficerity into  |   |                                    |  |  |
| Principal Plac                              | ce of Business   | Mailing Address   |                                    |  | i ditaki digil digil digil digil cadk        |
| 8221 W. GLADES RD 3858 PINE LAKE DR.        |  |   |                                    |  |  |
| BOCA RATON FL 33434 FT, LAUDERDALE FL 33332 |  |   |                                    |  |  |
| US US                                       |  |   |                                    | DO NOT WRITE IN TH   | S SPACE                                      |
| }   | •  |   |                                    | 3. Date incorporated or Qualifed 06/23/1988  |  |
| 2. Principal F                              | lace of Business   | 2a. Mailing Address   |                                    | 4. FEI Number  | Applied For                                  |
| 26  |  |   |                                    | 65-0067625   | Not Applicable                               |
| Suite, Apt.                                 | , #, etc.  | Suite, Apt. #, etc.   |                                    |  | \$8.75 Additional                            |
| 22  | ·  | 27  |                                    | 5. Certificate of Status Desired   | Fee Required                                 |
| City & State                                |  |   |                                    | 6, Election Campaign Financing   | \$5.00 May Be                                |
| 23  |  | 28]   | · Coet                             | Trust Fund Contribution  | Added to Fees                                |
| Zip   | Country .  | Zip   | Country                            | This corporation owes the current year I     Demonst Property Tay                                    | ntangible<br>☐ Yes ☐ No                      |
| 24  | 9. Name and Address of Current   | <del></del>   | 30                                 | Personal Property Tax.  10. Name and Address of New Registere  |  |
| <del> </del>                                | 9. Name and Address of Current   |   | 81 Name                            | In Hallie Blin Modises of Hew Legisters  | - ragent                                     |
| KUN   | MAR, RAJ   |   |                                    |  | ·  |
| 3858 PINE LAKE DR. 82 Street Addre          |  |   |                                    | dress (P.O. Box Number is Not Acceptable)  | •  |
| । FT L                                      | auderdale fl 33332   |   | 83                                 |  |  |
| į   | •  |   | <del></del>                        |  |  |
|   |  |   | 84 City                            | F  | 85 Zip Code                                  |
| 11. Pursuant                                | to the provisions of Sections 607.0502   | and 607 1508, Florida Statute                                 | s, the above-named con             | poration submits this statement for the purpose of ion's board of directors. I hereby accept the app | of changing its registered                   |
| office or                                   | registered agent, or both, in the State of<br>am familiar with, and accept the obligation  | Florida: Such change was au<br>ons of: Section 607.0505. Flor | ithorized by the corporati         | ion's board of directors. I hereby accept the app  | ointment as registered                       |
| SIGNATURE                                   | , a, a, a  |   |                                    |  | •  |
| SIGNATORE                                   | Signature, typed or printed name of registered agent a   | and title if applicable. (NOTE:                               | Registered Agent signature require | ed when reinstating) DATE  |  |
| 12.   | OFFICERS AND   |   | 13.                                | ADDITIONS/CHANGES TO OFFICERS A  | <del></del>                                  |
| TITLE                                       | P  | ☐ DELETE  | 1.1 TITLE .                        | 85-70-60 mg/m  | ☐ Change ☐ Addition                          |
| NAME  | KUMAR, RAJ   |   | 1.2 NAME                           |  |  |
| STREET ADDRESS                              | <b>,</b>   |   | 1.3 STREET ADDRESS                 |  |  |
| CITY-ST-ZIP                                 | FT LAUDERDALE FL   |   | 1.4 CITY-ST-ZIP                    | <del></del>  | <del></del>                                  |
| TITLE                                       | } <b>V</b>   | ☐ DELETE  | 2.1 TITLE                          |  | Change Addition                              |
| NAME  | KUMAR, EMILIA  |   | 2.2 NAME                           |  |  |
| STREET ADDRESS                              | 3858 PINE LAKE DR  | •   | 2.3 STREET ADDRESS                 | a · · ·  | •  |
| CITY-ST-ZIP                                 | FT LAUDERDALE FL: 50 26  | <u> </u>  | 2, 4 CITY-ST-ZIP                   |  | <u>.                                    </u> |
| TITLE                                       | and the  | ☐ DELETE  | 3.1 TITLE                          | •  | ☐ Change ☐ Addition                          |
| NAME  | PARTIES.   | -   | 3.2 NAME                           |  |  |
| STREET ADDRESS                              | LATER CONTROL SERVICE  |   | 3.3 STREET ADDRESS                 | The second control of the second   | -<br>ここより・試験45 と この (496) 90                 |
| CITY-ST-ZIP                                 |  |   | 3.4. CITY-ST-ZIP                   |  |  |
| TITLE                                       |  | ☐ DELETE  | 4.1 TITLE                          | 177.30 字 1873 字中 的2.8Man 197.1g  | Change? Addition                             |
| NAME<br>SKID NO HOS                         | (tak)  | An t  | 4. 2 NAME                          |  |  |
| STREET ADDRESS                              | To have  |   | 4.3 STREET ADDRESS                 |  |  |
| CITY-ST-ZIP                                 | <u>}</u>   | 98  | 4.4 CITY-ST-ZIP                    |  |  |
| TITLE                                       | }  | OELETE  | 5.1 TITLE                          |  | ☐ Change ☐ Addition                          |
| NAME  |  |   | 5.2 NAME                           |  |  |
| STREET ADDRESS                              | 1 .  | •   | 5.3 STREET ADDRESS                 |  |  |
| CITY-ST-ZIP                                 | F  |   | 5.4 CITY-ST-ZIP                    | # (  |  |
| TITLE                                       | SOUTH TO THE STATE OF  | ☐ DELETE  | 6.1 TITLE                          | <del> </del>   | ☐ Change ☐ Addition                          |
| NAME  | TOWN ASSESSMENT OF THE STATE OF |   | 6.2 NAME                           |  |  |
| 1   |  |   | 1                                  | ·  |  |
| STREET ADDRESS                              | LEAST STATE OF THE PARTY OF THE |   | 6.3 STREET ADDRESS                 |  | •  |

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed erep an attachment with an address, with all other like empowered.

SIGNATURE

SECOLO VIZIGE EQUIREEMILA (KUMAY

12/99 561-451-93