

FILED



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

May 07 1997 8:00am  
Secretary of State

1. Corporation Name  
**MIAMI DISCOUNT JEWELRY, INC.**

**Principal Place of Business**  
**% ROSENDO PEREZ**  
**1 N.E. 1ST STREET, METROMALL BUILDING**  
**MIAMI FL 33132-2427**

Mailing Address  
% ROSENDO PEREZ  
1 N.E. 1ST STREET, METROMALL BUILDING  
MIAMI FL 33132

<b>3. Date Incorporated or Qualified</b> 07/01/1988	<b>3a. Date of Last Report</b> 07/02/1996
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## 2. Principal Place of Business

21	Suite, Apt. #, etc.
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22 City & State

23		
	Zip	Country

24 25

9. Name and Address of  
PEREZ, ROSENDO  
14 NE 1ST AVE ROOM 1114  
1 N.E. 1ST STREET  
MIAMI FL

**2a.** Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28	Zip	Country
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29 30

4. FEI Number	Applied For
65-0070792	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

**1p. Name and Address of New Registered Agent**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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

(N)(1) Registered Agent signature required when reinstalling.

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	PEREZ, ROSENDO		
STREET ADDRESS	1 NE 1ST ST., METROMALL		
CITY - ST - ZIP	MIAMI FL		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

NAME		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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		

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: Rosendo Perez (ROSENDO PEREZ) 4/23/02 305-374-7510

CR2E034 (9/96)