

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90066 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000016543**

1. Corporation Name  
**JOYA INTERNATIONAL, INC.**

Principal Place of Business

ONE S POINTE DR  
MIAMI BEACH FL 33139  
US

Mailing Address

ONE S POINTE DR  
MIAMI BEACH FL 33139  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/04/1993**

4. FEI Number

**65-0398430**

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

**21 404 WASHINGTON AVE.**

Suite, Apt. #, etc.

**22 120**

City & State

**23 MIAMI BEACH FL**

Zip

**24 33139**

Country

**25 DADE**

2a. Mailing Address

**26 404 WASHINGTON AVE.**

Suite, Apt. #, etc.

**27 120**

City & State

**28 MIAMI BEACH, FL**

Zip

**29 33139**

Country

**30 DADE**

9. Name and Address of Current Registered Agent

~~THREATT, ROBERT R~~  
~~ONE S POINTE DR~~  
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

**81 Name BRIAN A. HART**  
**THOMSON, MURARO, RAZOOK & HART, P.A.**

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

**ONE SOUTHEAST THIRD AVENUE**

**83 17TH FLOOR**

**84 City**

**MIAMI**

**FL**

**85 Zip Code**

**33131**

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: **BRIAN A. HART**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/29/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**KRAMER, THOMAS**  
STREET ADDRESS **ONE S POINTE DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ DELETE

NAME **VP**  
**HANAU H**  
STREET ADDRESS **ONE S POINTE DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME **VPS**  
**NEE, M**  
STREET ADDRESS **ONE S POINTE DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **404 WASHINGTON AVE.**  
1.3 STREET ADDRESS **SUITE 120**  
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **404 WASHINGTON AVE., SUITE 120**  
3.3 STREET ADDRESS **MIAMI BEACH, FL 33139**  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **S**  
**CATHY COLONNESE**  
5.3 STREET ADDRESS **404 WASHINGTON AVE., SUITE 120**  
5.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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, with all other like empowered.

SIGNATURE: **CATHY COLONNESE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)

0207191