## 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** 

## DOCUMENT # P93000074421

1. Corporation Name

RUCHERON JEWEI RY INCORPORATED

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Suite, Apt. #, etc.  City & State  City & State  City & State  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Signature Fund Contribution  Country  8. This corporation owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent  CUERALTO, JUAN  103 MIRACLE MILE  CORAL GABLES FL 33134	er Intañ	\$8.7 Fee \$5.0 Adde	Not A  5 Add Requ  00 Ma	ay Be
2. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. Election Campaign Financing  2. Trust Fund Contribution  2. Trust Fund Contribution  2. Trust Fund Contribution  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  3. Certificate of Status Desired  4. Election Campaign Financing  2. Trust Fund Contribution  2. Trust Fund Contribution  2. Suite, Apt. #, etc.  3. Name and Address of Current Registered Agent  3. Name and Address of Status Desired  4. Election Campaign Financing  7. Trust Fund Contribution  8. This corporation owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Register  82. Street Address (P.O. Box Number is Not Acceptable)  83. Name  84. City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE  PD  QUERALTO, JUAN  10. MRACLE MILE  COPAL GABLES FL 33134  10. ADDITIONS/CHANGES TO OFFICER  TITLE  PD  QUERALTO, JUAN  10. MRACLE MILE  COPAL GABLES FL 33134  10. ADDITIONS/CHANGES TO OFFICER	er Intañ	\$8.7 Fee \$5.0 Adde	Not A  5 Add Requ  00 Ma	Applicable ditional uired ay Be Fees
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Suite, Apt. #, etc.  22  City & State  28  City & State  Country  Zip  Country  Zip  Country  B. This corporation owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent  OUERALTO, JUAN  103 MIRACLE MILE  CORAL GABLES FL 33134  B1 Name  CORAL GABLES FL 33134  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  D2	ar Intan	Fee \$5.0 Adde ngible ☐ Yes	Requi	ay Be Fees
City & State  City & State  23  City & State  24  25  29  30  Country  8. This corporation owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Register  QUERALTO, JUAN 103 MIRACLE MILE CORAL GABLES FL 33134  81  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER  TITLE PD  QUERALTO, JUAN  STREET ADDRESS 103 MIRACLE MILE 1.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  DELETE 2.1 TITLE VD  DELETE 2.1 TITLE VD	[	Addengible Yes	ed to	Fees
Zip Country Zip Country 2 Zip Country 8. This corporation owes the current year Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Register Name and Address of New Register Name 103 MIRACLE MILE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) DAT  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  NAME  QUERALTO, JUAN  STREET ADDRESS  CITY. ST. ZIP  CORAL GABLES FL 33134  TILE  VD  DELETE  2.1 ITTLE  2.1 ITTLE  2.2 ITTLE  VD	[	ngible Yes	٦.	. ~
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Register  11. Name  82. Street Address (P.O. Box Number is Not Acceptable)  83. Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 a 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  TITLE PD DELETE  1.1 TITLE  NAME  QUERALTO, JUAN  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES FL 33134  TITLE  VD  DELETE  2.1 TITLE  VD  DELETE  2.1 TITLE	[	∐ Yes_		lNo T
9. Name and Address of Current Registered Agent  QUERALTO, JUAN 103 MIRACLE MILE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Received agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the a 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.  OFFICERS AND DIRECTORS 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE VD DELETE VD DELETE 2.1 TITLE VD DELETE VD	ered Aç	gent		
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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 toustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address, with all other time and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or toustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address, with all other time and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or toustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address, with all other times and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or toustee empowered to execute this report as required by Chapter 607.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

4480424

Change

☐ Addition

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90020 005 \*\*\*150.00