## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000076557 (6)

**DOCUMENT #** 1. Corporation Name

ISPE JEWELRY MANUFACTURING, CORP.

Principal Place of Business Mailing Address 117 NE 1 AVE 117 NE 1 AVE SUITE 906 MIAMI FL 33132 SUITE 906 MIAMI FL 33132



| MIAMI FL 33132                 |  | MIRMI PL 33132                                   |                           | 3. Date Incorporated or Qualified 11/01/1993 3a. Date of Last Report 03/21/1995 |   |                      |                             |
|--------------------------------|--|--|---------------------------|---|---|----------------------|-----------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address                              | 26                        |   | 65-0451826 Not Applic                                     |                      | Applied For                 |
| 21                             |  | 26   |                           |   |   |                      | Not Applicable              |
| Suite, Apt. #,                 | , etc.   | Suite, Apt #, etc.                               | a ''                      |   | 5. Certificate of Status Desired                          |                      | 75 Additional<br>e Required |
| City & State                   |  | City & State                                     | ALE 174                   |   | 6. Election Campaign Financing<br>Trust Fund Contribution |                      | 00 May Be<br>ded to Fees    |
| Zφ                             | Country  | Ζιρ  | Country                   |   | 8. This corporation has liability for                     | intangible tax under | s 199.032,                  |
| 4                              | 25   | [29]   | 30                        |   | Fiorida Statutes Yes  10. Name and Address of New F       |                      |                             |
|                                | 9. Name and Address of Curre                                       | ent Registered Agent                             | 81                        | Name  | 10, Name and Address of New A                             | registered Agent     |                             |
|                                | SOUR LABOURE   |  | •                         |   |   |                      |                             |
|                                | NECHE, J. MICHAEL<br>JNSET DR                                      |  | 82                        | 82 Street Address (P.O. Box Number is Not Acceptable)                           |   |                      |                             |
| SUITE A                        |  |  | 83                        |   |   |                      |                             |
|                                | EL 33173   |  | 84                        | City  |   | 85                   | Zıp Code                    |
|                                |  |  | 1                         | j '   | ration submits this statement for the pu                  | FL!                  |                             |
| SIGNATURE _                    | Signature, typical or pentiod name of registered age<br>OFFICERS A | et a al presid aspecias #1 (N/S)<br>ND DIRECTORS | Te : Begisteral April 13. |   | kliwhen renetatings<br>ADD:TIONS:OHANGES TO OFF           |                      |                             |
| TITLE                          | PD   | <b>∑</b> LDE(E1E                                 | 1 : TULE                  |   | PD  | ☐ Chang              | je 🗶 Addition               |
| NAME                           | PELEA, NATIVIDAD   | •  | 1.2 NAME                  |   | 161DORO PELEA<br>2401 SW 138 AVE<br>MIAMI FL 73175        | JR                   |                             |
| STREET ADDRESS                 | 1868 SW 25 TERR  |  | 1.3 STREE                 | T ADDRESS   | 2401 SW 138 AVE   |                      |                             |
| CITY - ST - ZIP                | MIAMI FL 33133   |  | 1.4 CITY - 5              | \$1-2IP A   | MIAMI FL 33175  |                      |                             |
| 1 TLF                          | SO   | ☐ DELETE   | 2 1 1111.6                |   | ·   | ☐ Chang              | ge [] Addition              |
| NAME                           | PELEA, NIURKA  |  | 2.2 NAME                  |   |   |                      |                             |
| STREET ADDRESS                 | 2401 SW 138 AVE  |  |                           | 1 ADDRESS   |   |                      |                             |
| CITY-ST-ZIP                    | MIAMI FL 33175   | [TI DELETE                                       | 2.4 CITY - 3.1 THILE      |   |   | Chang                | e 🗍 Addition                |
| TITLE                          |  |  | 3 2 NAME                  |   |   |                      | . 🛶                         |
| NAME<br>STREET ADDRESS         |  |  |                           | I ADDRESS   |   |                      |                             |
| CITY-ST-ZIP                    |  |  | 3 4 CITY-                 | 1   |   |                      |                             |
| TITLE                          |  | DELETE   | 4. 1 THE                  |   |   | Chan                 | ge 🔲 Addit or               |
| NAME                           |  |  | 4.2 NAME                  |   |   |                      |                             |
| STREET ADDRESS                 |  |  | 4.3 STREE                 | LADORESS  |   |                      |                             |
| CITY-ST ZIP                    |  |  | 4.4 CITY -                | S1-ZIP  |   |                      | <b>53</b> A1400             |
| TITLE                          |  | ☐ DELETE   | 5 HTIT.F                  |   |   | Chan                 | ge 🔲 Addition               |
| NAME                           |  |  | 5 2 NAME                  |   |   |                      |                             |
| STREET ADDRESS                 |  |  |                           | LAUDRESS  |   |                      |                             |
| CITY-ST-ZP                     | ļ  | ☐ DELETE   | 5 4 C/IY-<br>6 1 TiTLE    |   |   | ☐ Chan               | ge                          |
| THILE                          |  |  | 6.2 NAME                  | 1   |   | Shan                 | ,                           |
| NAME                           |  |  |                           | T ADDRESS   |   |                      |                             |
| STREET ADDRESS                 | 1  |  | 0.3 STME!                 | - Applicaa  |   |                      |                             |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes | 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 or an attachment with an address.

Daytin e Phone #

CR2E034 (12/95)