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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077643 (3)

FILED Feb 27 1998 8:00am Secretary of State

OOTAL	L WAY JEW	elry and cas	H, INC.									
Principal Plac	ce of Business		Mailing Addres	ss				I EBBELOOF HE LUISE HIE	BREAL BROOK BOTA			OLDER WAY 1881
8742 SW 241	TH ST.		8742 SW 24TH	1 ST.								
MIAMI FL 33165 MIAMI FL 33								50.1	OT WRITE I	IN TURO C	DACE	
							3 0	te Incorporated or		IN THIS S	PACE	
							- 1		Qualitieu			
2. Principal F	Place of Busines		2a. Mailing Add	dress				1/04/1993 Number				Applied For
21	lace of Basines		26	0.000				65-0456916			\longrightarrow	Not Applicable
Suite, Apt.	#. etc.		Suite, Apt.	#. etc.								Additional
22			27				5. Ce	rtificate of Status D	esired			Required
City & Stat	le		City & State				B, Ele	action Campalgn Fi	nancing		\$5.0	0 May Be
23			26				ſ	st Fund Contribution	_			d to Fees
Zip		Country	Zip		Count	у	8. Th	is corporation owes	or has paid			Intangible
24	26		29		30			rsonal Property Tax			Yes	□ No
	9. Name ar	d Address of Curre	nt Registered Agent	l			10. Na	me and Address	of New Reg	latered /	lgent	
MI	RALLES, ODII	.YS M			8	1 Name						
32	0 SW 135TH	AVE.			8	2 Street	Address (P.O.	Box Number is No	Acceptable	e) ·		
MI	AMI FL 33184				L	ļ						
					6:	3				1.4.	flyw sorg	
					84	City					85 Z	p Code
44 -						┸			·	<u>FL</u>	 _	
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office or r agent. I a SIGNATURE			02 and 607.1508, Flo e of Florida. Such cha gations of, Section 60						accept		JI NU TIOTIC I	as registered
SIGNATURE		printed name of registered ag	ent and title if applicable		Regislered A		required when rein	s(āting)		DATE		
SIGNATURE	Signature, typed or	printed name of registered ag	ent and title if applicable	(NOTE	Registered A	gent signature	required when rein			DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or	OFFICERS AN	ent and title if applicable		Registered A. 13. 1.1 TITLE	gent signature	required when rein	s(āting)		DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or DPST MIRALLES	OFFICERS AN	ent and title if applicable	(NOTE	Registered Art 13. 1.1 TITLE	gent signature	required when rein	s(āting)		DATE	DIRECTO	ORS IN 12
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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 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 changes for on an attachment with an address.