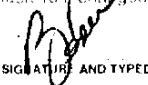


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000016609 1. Corporation Name: Three Mis Jewelry Inc. 12800 S.W. 20th Terr. Miami, FL 33175			
Principal Place of Business: 7524 S.W. 117th Ave. Miami, FL 33183-3808		Mailing Address: 12800 S.W. 20th Terr. Miami, FL 33175	
2. Principal Place of Business: 21 7524 S.W. 117th Ave. Suite, Apt. #, etc. 22 City & State Miami, FL 23 Zip 33183-3808		2a. Mailing Address: 26 12800 S.W. 20th Terr. Suite, Apt. #, etc. 27 City & State Miami, FL 28 Zip 33175	
24 USA		30 USA	
9. Name and Address of Current Registered Agent: Felipe A. Acosta 12800 S.W. 20th Terr. Miami, FL 33175		10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS 12.1 NAME: PD Felipe A. Acosta 12.2 STREET ADDRESS: 12800 S.W. 20th Terr. 12.3 CITY-STATE-ZIP: Miami, FL 33175 12.4 TITLE: STD 12.5 NAME: Bertila Acosta 12.6 STREET ADDRESS: 12800 S.W. 20th Terr. 12.7 CITY-STATE-ZIP: Miami, FL 33175		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE: _____ 13.2 NAME: _____ 13.3 STREET ADDRESS: _____ 13.4 CITY-STATE-ZIP: _____ 13.5 TITLE: _____ 13.6 NAME: _____ 13.7 STREET ADDRESS: _____ 13.8 CITY-STATE-ZIP: _____ 13.9 TITLE: _____ 13.10 NAME: _____ 13.11 STREET ADDRESS: _____ 13.12 CITY-STATE-ZIP: _____ 13.13 TITLE: _____ 13.14 NAME: _____ 13.15 STREET ADDRESS: _____ 13.16 CITY-STATE-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 is based 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.		900002152649 -04/23/97--01100--026 ***165.00	
SIGNATURE: 		Bertila Acosta 4-19-97 305-271-9224	

CR2E034 (9/96)