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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

3. Date Incorporated or Qualified: 3-2-94	3a. Date of Last Report
4. FEI Number: 65-0475206	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 7524 S.W. 117th Ave.	26 12800 S.W. 20th Terr.
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Miami, Fl	28 City & State: Miami, Fl.
24 Zip: 33183-3808 25 Country: USA	29 Zip: 33175 30 Country: 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: Felipe A. Acosta		1.2 NAME	
STREET ADDRESS: 12800 S.W. 20th Terr.		1.3 STREET ADDRESS	
CITY-ST-ZIP: Miami, Fl 33175		1.4 CITY-ST-ZIP	
TITLE: STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: Bertila Acosta		2.2 NAME	
STREET ADDRESS: 12800 S.W. 20th Terr.		2.3 STREET ADDRESS	
CITY-ST-ZIP: Miami, Fl 33175		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	4/22/97
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	900002152649 -04/23/97--01100--026 ***165.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: [signature] Bertila Acosta 4-19-97 305-271-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #