

SECOND NOTICE: CORPORATION MUST BE SUBMITTED ON OR AFTER AUGUST 9, 1995
AUGUST 9TH OR ON REPORT DATE: 1995. REPORTING AGENT: DATE TO REINSTATE: 07/95

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022274 (2)

1. Corporation Name

SMART JEWELRY, INC.

Principal Place of Business

10631 LONDON ST
COOPER CITY FL 33026

Mailing Address

10631 LONDON ST
COOPER CITY FL 33026

FILED
95 JUL 31 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 423 N.E. 2nd Ave

2a. Mailing Address

26 SAME

4. FEI Number

65 0475969

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Hallandale FL

City & State

28

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

ZIP

24 33009

Country

25 USA

ZIP

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEREZ, VICTORIA A
10631 LONDON ST
COOPER CITY FL 33026

*NEW ADDRESS
423 N.E. 2nd Ave
Hallandale, FL 33009

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 fee if applicable

(NOT: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DP

PEREZ, RUBIN

10631 LONDON ST

COOPER CITY FL 33026

13.

ADDITIONS, CHANGES, DELETIONS, AND CORRECTIONS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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:

Victoria A. Perez Victoria A. Perez

7/7/95

305 458-1550

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(Date)

(Telephone Number)