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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000039853 (4)

G.S.K. JEWELRY, INC.

**FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  11401 PINES BLVD. 11401 PINES BLVD.							*****************	11 #1188 till 1881
#270 PEMBROKE PINES FL 33026		11401 PINES BLVD. #270 PEMBROKE PINES FL 33029		DO NOT WRITE IN THIS SPACE				
US		us				<ol> <li>Date Incorporated or Qualified</li> <li>05/26/1994</li> </ol>		
<del></del>	Place of Business	2a. Mailing Address			-	4. FEI Number		Applied For
Suite, Apt	# 010	26 Cuito Ant # sta	Suite, Apt. #, etc.			65-0506758		Not Applicable
22	. π, σιο. ·		27			5. Certificate of Status Desired		5 Additional Required
City & Sta	te	City & State				6. Election Campaign Financing		0 May Be
<b>23</b> Zip	Country	28				Trust Fund Contribution	Adde	d to Fees
24	25 Country	Zip 29	Country 30	У		<ol> <li>This corporation owes or has paid the cur Personal Property Tax due June 30.</li> </ol>	rrent year l	Intangible  No
	9. Name and Address of Currer		30[			10, Name and Address of New Registered	-	<u> </u>
	AMANIEGO, GEORGE		81	1	Name			
11401 PINES BLVD., #270				2 3	Street Addr	ress (P.O. Box Number is Not Acceptable)		
Pt	EMBROKE PINES FL 33026			┸				
			83	1				
			84	1 0	Dity	FL	85 Zij	p Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the abov	l /e-n	amed corp	poration submits this statement for the number of	changing	its registered
OTHICE OF I	registered agent, or both, in the State am familiar with, and accept the obligi	of Horida. Such change was al	ithorized b	וע th	ne corporat	ion's board of directors. I hereby accept the app	ointment a	as registered
SIGNATURE								
	Signature, typed or printed name of registered agn			ent s	algneture requir	red when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND		
NAME	SAMANIEGO, GEORGE	טנננונ	1.1 TITLE				L Change	B ∐ Addition
STREET ADDRESS	FROM OWN OTH OT		E .	1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S					
TITLE	DP	DELETE 2.1		2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME	2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL ST	MIAMI FL 2.4			ZIP			
TITLE	\$AMANIEGO, MARIA	DELETE		3.1 TITLE			L Change	Addition
NAME STREET ADDRESS	5531 SW 6TH STREET		3.2 NAME					
CITY-ST-ZIP	MIAMI FL		3.3 STREET					
TITLE	3.4.0		3.4. CITY - S 4.1 TITLE	31-2	ur .		Change	Addition
NAME		_	4. 2 NAME					
STREET ADDRESS			4.3 STREET	T ADD	DRESS			
CITY-ST-ZIP			4.4 CITY-S	ST- 21	IP.			
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP TITLE		□ DELËT <b>E</b>	5.4 CITY-S 6.1 TITLE	57 <b>- Z</b> II	Р		Change	Addition
NAME			6.2 NAME				change	
STREET ADDRESS			6.3 STREET	ADD	RESS			
CITY-ST-ZIP			6.4 CITY - S	T-ZII	P			
14. I hereby o	certify that the information supplied with	th this filing does not qualify for	the exempt	tion	stated in 5	Section 119.07(3)(i), Florida Statutes, I further cer	tify that th	e 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 chapter 507 on an atlachment with an address.								