

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90001 027 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000061249**

1. Corporation Name

**AMARAL JEWELRY OF POMPANO, INC.**

Principal Place of Business

900 EAST ATLANTIC BLVD.

#2  
POMPANO BEACH FL 33069

Mailing Address

900 EAST ATLANTIC BLVD.

#2  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1994

4. FEI Number

65-0532186

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 owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 **900 EAST ATLANTIC BLVD.**

Suite, Apt. #, etc.

22 **2**

City & State

23 **POMPANO BEACH FL.**

Zip

24 **33060**

Country

2a. Mailing Address

26 **900 EAST ATLANTIC BLVD**

Suite, Apt. #, etc.

27 **2**

City & State

28 **POMPANO BEACH FL.**

Zip

29 **33060**

Country

30

9. Name and Address of Current Registered Agent

VEGA, JOSE M  
25 S.E. 2ND AVENUE  
SUITE 201  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

**VEGA, JOSE M.**

82 Street Address (P.O. Box Number is Not Acceptable)

**25 S.E. 2ND AVENUE**

83

**SUITE 410**

84 City

**MIAMI**

**FL**

85 Zip Code

**33131**

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**JOSE M. VEGA**

**X 7-19 -99**

12. OFFICERS AND DIRECTORS

TITLE **DS** ☒ DELETE

NAME **DO AMARAL, AFONSO F**

STREET ADDRESS **900 E. ATLANTIC BLVD. #2**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **DP** ☒ DELETE

NAME **DUMONT, AGUINALDO F**

STREET ADDRESS **900 E. ATLANTIC BLVD. STE. 2**

CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**DP** ☐ Change ☒ Addition

1.2 NAME

**CARMO, JOAO B.**

1.3 STREET ADDRESS

**900 E ATLANTIC BLVD. #2**

1.4 CITY-ST-ZIP

**POMPANO BEACH FL. 33060**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOAO B. CARMO** **X 08/11/99 (954) 941-7350**

CR2E034 (5/99)

606244-90001-27  
P94600061249

Pompano Beach, Fl. August 11<sup>th</sup> 1999

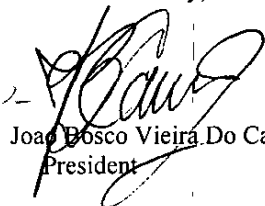
Florida Department of State  
Div. of Corporations

Dear Sirs :

I am sending you the amount of \$ 150.00 for the filing of the annual report. I DID NOT RECEIVE YOUR FORM.

Please, take due notice, and consider this circumstance.

Sincerely,

  
Joao Bosco Vieira Do Carmo  
President