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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000064830 (0)**

1. Corporation Name

CABOCHON OF MIAMI CORPORATION

Principal Place of Business	Mailing Address
9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154	9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154

3. Date Incorporated or Qualified: **09/02/1994**

3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

4. FEI Number: **65-0517359** ☐ 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

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
520 BRICKELL KEY DR SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 NAME: FERNANDEZ, EDUARDO

82 Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive

83 Suite 400

84 City: Miami, Florida — FL — 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and [illegible] 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. The [illegible] 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, [illegible] Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name, o[illegible]

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THOMAS, JOYCE 9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Assistant Secretary Natalie Alazrachi 9700 Collins Ave Unit 216 Bal Harbour Fl. 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ALAZRACHI, DANIELA 9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ALAZRACHI, Daniela 9700 Collins Ave. Unit 216 Bal Harbour, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS THOMAS, PIERRE Y 9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	200001783752 -04/17/96--01045--007 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: DANIELA ALAZRACHI Feb. 22 '96 Daytime Phone 861 1554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

SCF 4-17-96