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FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

9700 COLLINS AVE UNIT 216
BAL HARBOUR FL 33154

Mailing Address

9700 COLLINS AVE UNIT 216
BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0517359

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, EDUARDO
501 BRICKELL KEY DR
SUITE 400
MIAMI FL 33131

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 P ☐ DELETE
NAME ALAZRACHI, NATALIE
STREET ADDRESS 9700 COLLINS AVE UNIT 216
CITY-ST-ZIP BAL HARBOUR FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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30.1 TITLE

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30.4 CITY-ST-ZIP

TITLE ☐ DELETE

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

CR2E034 (10/97)