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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 06 1998 8:00am Secretary of State

	MENT # P9400 JEWELERS, INC.	0071988 (7)	•			
Principa Plac	e of Business	Mailing Address				
1548 WEST 49TH ST 1548 WEST 49TH ST					-	
HIALEAH FL 33012 HIALEAH FL 33012					20 110 11 11 17	
					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
9 Principal D	face of Burdness	2a, Mailing Address			09/30/1994 4. FEI Number	Tometical For
2. Principal Place of Business 2a. Mailing Address 21				65-0524302	Applied For Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zìp	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	29	30		Personai Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
Dil	KES, LUIS		8	1 Name		
1548 WEST 49TH ST.			8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33012			ľ		obs (Fig. 20x Harrison to Hot) to deptable,	
	_		8	3		
				4 City		. 85 Zip Code
			ľ	4 City	F	S5 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo authorized l orida Statut	ve-named corp by the corporati es.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOT	F Renistered A	gent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	Sour all restaure restaur	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	BLATTER, JANATHAN A		1.2 NAM	.		
STREET ADDRESS	1548 WEST 49TH ST.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY			
TITLE			2.1 TITLE			Change Addition
NAME	DIKES, EDWARD B		2.2 NAM			_ , _
STREET ADDRESS	1548 WEST 49TH ST			ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY		•	
TITLE	SD DELETE		3.1 TITLE		, ,,,	☐ Change ☐ Addition
NAME	DIKES, LUIS		3.2 NAMI	.		
STREET ADDRESS	1548 WEST 49TH ST.			ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		3.4. CITY			
TITLE	DELETE		4.1 TITLE			Change Addition
NAME		<u> </u>	4. 2 NAM	1		
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI			
STREET ADDRESS				ET ADDRESS		į
	i ***					
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITLE			Change Addition
TITLE			•		,	cuando computer
NAME			6.2 NAME	Y		
STREET ADDA:SS				ET ADDRESS		
CiTY-ST-ZIP	are to the last of the standard		6.4 CITY	SI-ZIP	Santian 110 07(9)(i) Florida Statutos 1 (urthor	

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 treesting 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:

_____2

305-556-4990