## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

ANN	UAL REPORT Secretary of States DIVISION OF CORPORATIONS			IONS				
DOCU 1. Corporat	JMENT # F	9500001	0119 (2	?)				
EAR-	RESISTIBLE JEWEI	RY. INC.						
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Principal Place of Business Mailing Address								
	INGTON DR. ERDALE FL 33326	\$U	1304 S.W. 160TH AVE. Suite 358 Sunrise Fl 33326			2 Data leason posterio e Constituti de Const		
						3. Date Incorporated or Qualified 02/03/1995	3a. Date of	f Last Report
2. Principal i	Place of Business	····-	aifing Address			4. FEI Number		Applied For
Suite, Apt	t. #, etc.	26 Si	uite, Apt. #, etc.			65-0553		Not Applicable
22		27	же, трт. <del>т</del> , етс.			5. Certificate of Status Desired		\$8.75 Additional
City & Sta		Ci	ty & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be
Zip 24	Country 25	Zış <b>29</b>		Country 30		8. This corporation has liability for	intangible tax u	Added to Fees under s 199.032,
	9. Name and Addres	s of Current Register	d Agent			10. Name and Address of New F		ent
MITCH	EL & ASSOCIATES, P.	Δ		81	Name			
150 W.	FLAGLER ST.	Λ•		82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
· SUITE	2700, ATTN. ANDREW	BRENNER		83				
. MIAMI	FL 33130			84				
1				1 1	City		FL	85 Zip Code
or registe	to the provisions of Section pred agent, or both, in the S	ns 607,0502 and 607,15 State of Florida. Such cha	08, Florida Statutes	s, the above-r	arried corpo	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changi	ng its registered office
SIGNATURE	rith, and accept the obligati	ons of, Section 607.050	5, Florida Statutes.	,	, audit 0 500	ло от олестоть. Инегрру ассерт тле арро	intment as reg	istered agent, I am
	Signature, typicd or printed name of	registered agent and tile if applica	noe (Note	Flogistered Agent	& quature main	ed when refistating)		
12.	OF OF	FICERS AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIE	REGTORS IN 12
NAME	President	ANTE P	DELETE	1. 1 TITLE				hange Addition
STREET ADDRESS	38% Carrie	ANTER gton Or. 11. 1. 33326		1.2 NAME				
CITY-ST-ZIP	FT. Loude dela	N. 33326	3	13 STREET				
TITLE	Vice Presid	le at	DELETE	1.4 CrTY - ST 2. 1 TrTLE	- ZIP			
NAME	HAL CANTE	ER 10	_	2.2 NAME	İ			hange [] Addition
STREET ADDRESS	386 Carring	1 01.	5/	23 STREET A	ODRESS			
CHTY-ST-ZIP	Pr. Caude de	b., Fl. 333.	26	2.4 CITY-SI	- ZIF			
TIFLE	I ITRASUTED		DELETE	3. 1 TITLE			ПО	nange Addition
NAME STREET ADDRESS	JAN MA	113EL 105Terr. 1.33176		3.2 NAME			4-11	
CITY-ST-ZIP	m. 1-	1 22176		3.3. STREET				
TITLE	PARTON , P	c. 53116	DELETE	3 4 CITY - SI-	ZIP			
NAME			C) PEECE	4. 1 TITLE			☐ Ch	nange 🔲 Addition
STREET ADDRESS				4.2 NAME 4.3 STREET A	rinbece			
CITY-ST-ZIP				4.3 STREET A		70000101	nes-	>
TITLE			☐ D€LETE	5 1 TITLE	<u></u>	70000181 -05/07/96010	24016	I Addition
NAME				5.2 NAME		***200.00	<u>u_i</u> ju	nange 🔲 Addition
STREET ADDRESS				5.3 STREET A	DDR&SS	<del>-</del>		ſ
CITY-ST-ZIP TITLE				5.4 CITY - ST-	ZIP			
			DELETE	6 1 TITLE			i Σ) □ Ck	anne Addition

64 CITY-ST-ZIP

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGN

6.4 CITY - ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP