

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90087 047 \*\*\*150.00

DOCUMENT # P95000038743

1. Corporation Name

DOLPHIN JEWELERS INC.

Principal Place of Business

2910 OAKWOOD BLVD  
HOLLYWOOD FL 33020  
US

Mailing Address

2910 OAKWOOD BLVD  
HOLLYWOOD FL 33020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

65-0581451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing: ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2910 Oakwood Blvd

2a. Mailing Address

26 2910 Oakwood Blvd

Suite, Apt. #, etc.

22 Booth 15

Suite, Apt. #, etc.

27 3475 N Country Club Dr

City & State

23 Hollywood FL

City & State

28 Aventura FL #801

Zip

24 33020

Country

25 Brazil

Zip

29 33180

Country

30

9. Name and Address of Current Registered Agent

ROTH, DEBRA  
160 PLANTATION DRIVE  
PLANTATION KEY FL 33070

10. Name and Address of New Registered Agent

81 Name

Debra Roth

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

3475 N. Country Club Dr #801

83

84 City Aventura

FL

85 Zip Code

33180

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

Debra Roth President

DATE

4/8/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D ☐ DELETE

NAME ROTH, DEBRA

STREET ADDRESS 160 PLANTATION DRIVE

CITY-ST-ZIP PLANTATION KEY FL 33070

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

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 D ☒ Change ☐ Addition

1.2 NAME ROTH, Debra

1.3 STREET ADDRESS 3475 N COUNTRY CLUB DR.

1.4 CITY-ST-ZIP Aventura, FL. 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Debra Roth SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 4/8/99

Date

Daytime Phone #

CR2E034 (1/98)