1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066379 1. Corporation Name

WIEDER JEWELERS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90049 020 ***158.75



Principal Place of Business Mailing Address													
7500 W COMMERCIAL BLVD BOOTH #2 7500 W COMMERCIAL BLVD FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319					# 2		DO NOT WRITE IN THIS SPACE						
							3. Date Incom	orated or Qualifed	1				
							_08/28/19	95					
Principal Place of Business 2a. Mailing Address							4. FEI Number				Applied For		
21							65-0616	101		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of	f Status Desired	×	\$8.75 Additional Fee Required			
City & State City & State 23 28							.6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
Zip	p Country Zip			Country			8. This corporation owes the current year intangible						
24	25 29 30			30			Personal Property Tax. Yes No						
	9. Name and Address of Curr	rent Registered	Agent		_		10. Name and	Address of New	Registered A	Agent			
				8	1	Name							
	ER, HERBERT	TLI #2		8	2	Street Addre	ess (P.O. Box Nu	mber is Not Accep	table)			-	
	W COMMERCIAL BLVD BOO AUDERDALE FL 33319	1F1 #4			3			_					
110	AUDITIONEL I E 00013			Ľ	٦								
					4	City		_	FL	,	Zip Co	}	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida. Su	ch change was a	uthorized t	Ŋί	tne corporatio	oration submits the on's board of direc	s statement for th tors. I hereby acco	e purpose of ept the appoin	changir ntment	ng its r as regi	egistered istered	
SIGNATURE								_					
	Signature, typed or printed name of registered				ent	signature required	when reinstating)	CHANGES TO O	DATE AN	פוח חו	CTOE	2S IN 12	
12.		AND DIRECTOR	DELETE	13.	_		ADDITIONS	CHANGES 10 0	I I ICENS AI	☐ Cha		Addition	
TITLE	D		□ DEFE								···g-		
NAME	WIEDER, HERBERT			1,2 NAM		+55550						j	
STREET ADDRESS	433 POINCIANA ISLAND DR			1		ADDRESS						,	
CITY-ST-ZIP	MIAMI BEACH FL 33160		☐ DELETE	1,4 CITY 2,1 TITLE		-ZIP	<u> </u>			☐ Cha		Addition	
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NAME						ADORESS	-						
STREET ADDRESS				5.4 City									
CITY-ST-ZIP			DELETE	6.1 TITL						[_] Chi	ange	Addition	
TITLE				6.2 NAM						- J - I I			
NAME				1		ADDRESS		-			-	Į	
STREET ADDRESS				6.4 CITY		F	••					ļ	
CITY-ST-ZIP				0.4 (311	-01	-47							

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 affecting my an address, with all other like empowered.

SIGNATURE: