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

**FILED** May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P95000087053 (1) DOCUMENT #
1. Corporation Name **NELSON'S JEWELRY, INC.** Principal Place of Business Mailing Address PHE-ECPLANADE-OPAGE-214 13334 POLO CLUB ROAD PALM-DEACH-FL-00480 SHITE 319 DO NOT WRITE IN THIS SPACE WELLINGTON FL 33414 3. Date Incorporated or Qualified Homa Busineis 11/13/1995 4. FEI Number Applied For 65-0642990 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. √ Yes □ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HERNANDEZ, NELSON CLUSED STORE THE ESPLANADE SPACE 814 82 Street Address (P.O. Box Number is Not Acceptable) 13334 Polochib Rd 319 83 Wellington, FLA 33414 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607 office or registered agent, or both, in the State of Hondagent. I am familiar with and see of the obligations of k 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accion 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change \_\_\_ Addition HERNANDEZ, NELSON 1.2 NAME NAME 13334 POLO CLUB ROAD APT. 319 STREET ADDRESS 13 STREET ADDRESS **WELLINGTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

April 29 1998