## 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** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90059 040 \*\*\*150.00

1. Corporation Name P9600000/374							
, ,	S WATCHES, INC.						
The word of the control of the contr					I (BAI) edi nin (Bian Ank) oskil deni deni	<b>13</b> 118 <b>11</b> 181 1 <b>3010</b> 1811	I AREA RIALIARA
Principal Place of Business Mailing Address					I SOULINGS THE FOLSE BUSIN OURSIN OURSIN OURSIN	11111 BQ(   ( <b>  40  </b> (  11	10011 0101 1001
279 N.E. 1 ST. 279 N.E. 1 ST.					•		
MIAMI FL 33132 MIAMI FL 33132					· 		
			-		DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE	<del></del> _
		•			01/19/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	- Ar	oplied For
21	26				65-0635451	. <del> </del>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22 27 .					5. Certificate of Status Desireo	Fee Re	equired
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28 Zin				Trust Fund Contribution		to Fees
Zip	Country Zip		Country 30	,	8. This corporation owes the current ye	ar Intangible ☐ Yes	□No
24	25 9. Name and Address of Current		30		Personal Property Tax.  10. Name and Address of New Registe		LINO
81 Name							-
SHOMAR, JOSEPH			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
17439 N.W. 66TH CT:			62	Sileel At	dress (F.O. box number is not acceptable)	SSION NAVI LANGUAGUS ANGEL	re Barra de Alasta
MIAMI FL 33015			83		型。(A) 网络新疆	78 1 ± 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 5 5
	-		84	City		85 Zip	Code
ppg kipt is on	· · · · · · · · · · · · · · · · · · ·	See and the second				FL	·
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes		autors board or directors. Thereby accept the a	ppointment as ro	giatorou
SIGNATURE							
12.	Signature, typed or printed name of registered agent a OFFICERS AND	<del></del>	13.	it signature requ	uired when reinstating) DAT  ADDITIONS/CHANGES TO OFFICER		DS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		(65-)775-(6)	Change	Addition
NAME	FRANCIS, JOVEN J		1.2 NAME		1444 1 2 2 4644 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS	RESS 6900 S.W. 88TH ST., APT. #205		1.3 STREET	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME		•	2.2 NAME				}
STREET ADDRESS			2.3 STREET	ADDRESS			)
CITY-ST-ZIP	# 1		2. 4 CITY-S	T-ZIP	·		Final Automatical
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME TO THE PROPERTY OF THE PR	<b>随着</b> 特别的一个		3.2 NAME				}
STREET ADDRESS Tole 7/1 CITY-ST-ZIP	\$ \$\ \tau_0 \tau		3.3 STREET			事業, 發達	
TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE		The state of the s		Addition
NAME			4. 2 NAME	. }			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST				
ŢπLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		,	5.2 NAME				
STREET ADDRESS	psyn		5.3 STREET				
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST	r-ZIP			
TITLE	6906 S of 8308 St. 150, 8285	☐ DELETE	6.1 TITLE	Ì		Change	☐ Addition
NAME		•	6.2 NAME	**************************************	·		
STREET ADDRESS	*		6.3 STREET				
CITY-ST-ZIP			6.4 CTY-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 trustees 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 appears, with all other like empowered.

REQUIRED SIGNING OFFICER OR DIRECTOR