1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000015817

1. Corporation Name

EL CHINO & JESUS JEWELRY, CORP.

## May 03, 1999 8:00 am Secretary of State 05-03-1999 90014 045 \*\*\*150.00



	• •	•								
Principal Place of Business Mailing Address								# 1005/00% ICE JUSTIN STATE SOLIS SO		
13351 NW 102 AOVE 13351 NW 102 AOVE										
HIALEAH GARDENS FL 33016 ' HIALEAH GARDENS FL 33016								DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed					
•								1		
								02/19/1996		
2. Principal Pla	ce of Business		<u> </u>	Mailing Address				4. FEI Number Applied For		
21	· ·		26					65-0649232 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional		
			27					Fee Required		
City & State			L.	City & State				6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees		
Zip		Country	L	Zip	Cou	ntry		This corporation owes the current year Intangible		
24 25			29 30					Personal Property Tax.   ☑ Yes  ☐ No		
•	9. Name and	Address of Current F	Regis	tered Agent				10. Name and Address of New Registered Agent		
		_				81	Name			
SOSA, SEGUNDO JR						82	Stroot Ad	reet Address (P.O. Box Number is Not Acceptable)		
13351 NW 102 AQVE						82 Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH GARDENS FL 33016						83	3			
4.										
•							City FL 85 Zip Code			
		-101	- 10	7 4500 Fig. 2 - 04-4-4-			named so	rporation submits this statement for the purpose of changing its registered		
office or rec	nistered agent o	r both in the State of	Floric	u7.1506, Florida Statutes, la. Such change was auth Section 607.0505, Florida	orized	bv 1	the corpora	tion's board of directors. I hereby accept the appointment as registered		
	* 2 -	u accept the obligation		-	· Otali	ilou.				
SIGNATURE		ed name of registered agent a	nd title	f applicable. (NOTE: Re	cistered	Ageni	signature requi	ired when reinstating) DATE		
12.		OFFICERS AND			13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	ND			☐ DELETE	1.1 TIT	Œ		Change Addition		
l l	SOSA, SEGU	NDO JR			1.2 NA	ME				
							ADDRESS			
ANALESTA ALEBERTA EL BROAD						1.4 CITY-ST-ZIP				
					2.1 TITLE			Change Addition		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					22 NAME					
40054 104/ 400 401/5						_	*DDDEEC			
LHALFALL CARRENCE EL COCAC					2.3 STREET ADDRESS		i i			
	MIALEAH GAI	(DENS FL 33016			2. 4 CI		T-ZIP	☐ Change ☐ Addition		
TITLE				☐ DELETE	3.1 TiT	LE		L] Change L] Addition		
NAME					3.2 NA	ME				
STREET ADORESS					3.3 ST	REET	ADDRESS	•		

[] Change 6.1 TITLE Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 C/TY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

☐ DELETE

DELETE

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** 

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Change

Change

Addition

☐ Addition