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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTIMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030723 (6)

SANIO	S JEWELHY, INC.					
Principal Plac	e of Business	Mailing Address				BBIRB (IIII BB IK IBBI B III BB IIII IBBI
28270 S. DIXIE MIAMI FL 3303		28270 S. DIXIE HWY. MIAMI FL 33033-1313				
					3. Date Incorporated or Qualified 04/09/1996	3a. Date of Last Report
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0682		
Suite, Apt.		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30			Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent	81	N. C.	10. Name and Address of New Reg	Istered Agent
SAN	ITOS, LEONEL		BI	Name		
	70 S. DIXIE HWY.		82	Street Aridi	ress (P.O. Box Number is Not Acceptabl	e)
MIA	MI FL 33030		83			Marie and by a later hardware and a first an experimental and a surveying of the Art Section of the Section of
1 _			84	0:1		Total 7: Only
•	\mathcal{O}	6. 0	1 1	City		FL 85 Zip Code
agent. I a	Signature, typed or printing mane of registrated a	grot and title if ay to cable (NO1)			poration submits this statement for the pulion's board of directors. I hereby accepted when reinstating)	DATE
12.	T	ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICE	
TITLE	D LEONE	☐ DELETE	1.1 TITLE			L Change L Addition
NAME ATTECT ADDRESS	SANTOS, LEONEL 28270 S. DIXIE HWY.		1.2 NAME	ADDIDE OO		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33030		1.3 STREET A 1.4 City-St			
TITLE	PVST	☐ DELÉTE	2.1 11TLE	- £ H		Change Addition
NAME	SANTOS, LEONEL		2.2 NAME			
STREET ADDRESS	28270 S. DIXIE HWY.		2.3 STREET A	ADDRESS		
CITY-SY-ZIP	MIAMI FL 33030		2 4 CITY-ST-ZIP			
TITLE		☐ DE1 ETE	3 1 11/11			Change Addition
NAME			3.2 NAME	40000		
STREET ADDRESS		•	3.3 STREET A			
CITY+ST-Z#P TITLE	 	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREFT A	ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST	- 7IP		
TITLE		☐ DELETE	5 1 1HLF			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET A	ADDRESS		
CITY-ST-ZIP		·	5 4 CITY- S1	-7IP		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREFT A	AUDRESS		

14. I do hereby certify that the information supplied with this fling 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 of supplemental annual seport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regular or this tempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanager, or on all filling themselves.

FILED

Jul 21 1997 8:00am

Secretary of State