May 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036830

1. Corporation Name

MONTENEGRO JEWELRY MANUFACTURING, INC.

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Principal Place	e of Business	Mailing Address				Bind Britt Emiti Aden.	28 111 82182 1111	ie bilėt leies	ener ban eran
14 N.E. FIRST	•	14 N.E. FIRST AVENUE							
SUITE 810		SUITE 810							
MIAMI FL 3313	2 .	MIAMI FL 33132				DO NOT WRITE	IN THIS SE	PACE	
•		·			3. Date Incorporate	d or Qualifed			
<u> </u>	in the second se	2a. Mailing Address			04/29/1996 4. FEI Number			T An	plied For
<u> </u>	lace of Business	<u>⊢</u>			65-0662879			_ 	t Applicable
Suite, Apt.	# 010	26 Suite, Apt. #, etc.			0070002019			\$8.75	
	05 - B	27 805 - B	3		5. Certifcate of Sta	tus Desired		Fee Re	
City & State		City & State			6. Election Campai	on Financino		\$5.00	May Re
23		28			Trust Fund Cont			Added t	
Zip	Country	Zip	Country		8. This corporation		t vear Intan	aible	
24	25	29	اه		Personal Proper			¶ Yes	□No
	9. Name and Address of Current		<u> </u>		10. Name and Add	ress of New Re	gistered Ag	gent	
			81	Name					
NOM	ITENEGRO, LUIS		82	Stroot Addr	ess (P.O. Box Number	ie Not Accentabl	e)		
14 N	i.e. first avenue		62	Street Worth	ass (P.O. BOX Number	is Not Acceptabl			
, suit	E 810		83	<u> </u>	e 805	- R			
MLAN	WI FL 33132		04	Suit	<u>e</u> 800	<u> </u>		85 Zip (- Ode
			84	City			FL	lea The	20de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-	named corp	oration submits this sta	tement for the pu	urpose of ch	anging its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation.	Elorida. Such change was auth	horized by th	he corporation	n's board of directors.	nereby accept	tne appointr	ment as re	gistered
			18.5(8(0),05	~					
1	and decopt the obtain	115 01, 05 11611 007.0303, Piorid	ia, Statutes			4/28	199		
SIGNATURE	Signature, typed or printed name of registered again	and the desplicable. (NOTE: Re	٠,		when reinstating)	4/28	DATE		
1	- X	and the Capplicable. (NOTE: Ri	egistered Agent			4/28	DATE CERS AND	DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registrougd again OFFICERS AND	and the desplicable. (NOTE: Re	13.	signature required	when reinstating) ADDITIONS/CHA	4/28	DATE CERS AND	DIRECTO Change	RS IN 12
SIGNATURE	Signature, typed or printed name of registroud again OFFICERS AND PD MONTENEGRO, LUIS	and the Capplicable. (NOTE: Ri	13. 1.1 TITLE	signature required	when reinstating) ADDITIONS/CHA	4/28	DATE CERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registrougd again OFFICERS AND	and the Capplicable. (NOTE: Ri	13.	signature required	when reinstating)	4/28	DATE CERS AND	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS AND OFFICERS AND PD MONTENEGRO, LUIS 14 N.E. FIRST AVE. SUITE 810 MIAMI FL 33132	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	when reinstating) ADDITIONS/CHA	4/28	DATE CERS AND	DIRECTO Change	PRS IN 12 □ Addition □ 5-8
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registrated again OFFICERS AND PD MONTENEGRO, LUIS 14 N.E. FIRST AVE. SUITE 810 MIAMI FL 33132 SD	and the Capplicable. (NOTE: Ri	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	signature required	when reinstating) ADDITIONS/CHA	4/28	DATE CERS AND	DIRECTO Change	RS IN 12
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RECKUIS HONTENSOD. SIGNATURE AND TYPED ON PHYSTED NAME OF SIGNING OFFICER OR DIRECTOR