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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

119.07(3)(i), Florida Statutes. I further certify that the re shall have the same legal effect as if made under oath; that Id by Chapter 607, Florida Statutes; and that my name

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000039348 (3)

LA ESTRELLA DE RAY JEWELRY, INC.

Principal Place of Business Mailing Address 552 HIALEAH DRIVE 552 HIALEAH DRIVE HIALEAH FL 33010 HIALEAH FL 33010-5349 3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0662391 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution 28 Added to Fees 23 Country Ζιρ Country  $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ. RAYMOND A 6204 NORTHWEST 194TH STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33015 83 Zip Code 84 City 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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signation of the amount work to include stemplane and fille thap policiable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TILE PEREZ. RAYMOND A NAME 1.2 NAME **6204 NORTHWEST 194TH STREET** 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33015 1.4 CITY - ST - ZIP CHY ST-ZP DELETE Change Addition 21 TITLE TILE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACORESS 3.4. CITY-\$T-ZIP CHTY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TI'LE 4. 2 NAME NAME 4.3 STREET ADDRESS STREEL ADDRESS 4.4 CITY - ST - ZIP 0-14-51-20 DELETE ☐ Change Addition 5.1 TITLE TITLE **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CHTY ST-ZIP Addition DELETE 6 1 TITLE Change TUEF 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section Information indicated on this annual report or supplemental annual report is the and accurate and that my signate am an officer or director of the corporation or the receiver or trustee employered to execute this report as required.

I am an officer or director of the corporation or the receiver or trustee empappears in Brock 12 or Block 13 if changed, or on an attachment with an

MY MODE A