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

DOCUMENT # P96000046117

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

P & O EARRINGS AND MORE, INC.

Principal Place of Business Mailing Address					-	t navy armi atáis susat ka	i di 11 0 51 (001 1004
16529 SW 98TH TERR		16529 SW 98TH TERR					
MIAMI FL 33196 MIAMI FL 33196		MIAMI FL 33196			DO NOT WEST	C IN THIS SOACE	
US US				3. Date Incorporated or Qualifed	E IN THIS SPACE		
					05/30/1996		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	acco of Eddinicoo	26			65-0674239		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State	e	City & State			6. Election Campaign Financing		0 Мау Ве
23		28			Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Intangible Yes	□No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Re		□NO
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Ad	gistered Agent	
PERI	ez, pablo j		Ш				
16529 SW 98TH TERR			82	Street Addre	ss (P.O. Box Number is Not Acceptab	ile)	
MAIM	AI FL 33196		83				
			84	City		FL 85 Zip	o Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above	e-named corpo	ration submits this statement for the p	urpose of changing i	ts registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was aut	horized by	the corporation	s's board of directors. I hereby accept	the appointment as	registerea
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: R	egistered Agen	t signature required		DATE	
12.		ERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFF		
TITLE	PD PEDEZ BARLO I	☐ DELETE	1.1 TITLE			☐ Change	e [] Addiggit
NAME	PEREZ, PABLO J		1.2 NAME				
STREET ADDRESS	16529 SW 98TH TERR		L	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	e Addition
TITLE	SD CARCIA OLCA I		2.1 TILE 2.2 NAME				
NAME .	Garcia, Olga i 16529 SW 98th Terr		2.3 STREET	ADDRESS			
STREET ADDRESS	MIAMI FL 33196			T-ZIP			
CITY-ST-ZIP	WILLIAM I E SO 150	DELETE	31 TITLE	-		☐ Change	e Addition
NAME		3.2					
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	3.4.		3.4. CITY-S	iT-ZIP			
TITLE		☐ DELETE 4.1				Change	e
NAME	DRESS 4.3		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 5.1		5.1 TITLE			Change	e 🔲 Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e 🗍 Addition
	1		6.2 NAME	1			

6.3 STREET ADDRESS

6.4 CITY-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 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:

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90136 041 ***150.00