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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9600 Name E'S JEWELRY, INC.	00047712 (0)			
Principal Plac	e of Business	Malling Address			011 18 <b>61</b> 6 (8801 11918 1181 188)
2391 E GOLF DRIVE MIAMI FL 33167		P.O BOX 682019 MIAMI FL 33168 US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		05/31/1996 4. FEt Number	Applied For
21		26		65-0679100	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	Crty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	9. Name and Address of Curre		30		Yes No
141		nt Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
WOLFE, LARRY 200-A JOHN KNOX RD					····
	LLAHASSEE FL 32302-8643		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
10	PONITAGE I E OCCUE-2010		83		
			84 City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ag	(NOTE	: Registered Agent signature requ		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME STREET ADDRESS	d Gardner, Juanita 2391 e golf Drive	D Octob	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	MIAMI FL 33167		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME CEDELL ADDRESS			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME CORECT ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADORESS		

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 comparation 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 chapted, or on an attachment with an address.

SIGNATURE, / 21 MOTAL HANNE

1/21/98 (305)681-10212

Jan 30 1998 8:00am

Secretary of State