

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048993 (5)

1. Corporation Name

S & L MASTER JEWELRY REPAIR, INC.

Principal Place of Business

17060 S.W. 49TH STREET  
FORT LAUDERDALE FL 33172

Mailing Address

17060 S.W. 49TH STREET  
FORT LAUDERDALE FL 33172

FILED

97 JUL 30 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/06/1996

4. FEI Number

65-0680997

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 3291 W Sunrise Blvd

Suite, Apt. #, etc.

22 Box #1W1604

City & State

23 Fort Lauderdale

Zip

24

Country

25 USA

2a. Mailing Address

26 17060 SW 49 st.

Suite, Apt. #, etc.

27

City & State

28 Fort Lauderdale

Zip

29 33331

Country

30 USA

9. Name and Address of Current Registered Agent

BOLANO, JAIME E  
17060 S.W. 49TH STREET  
FORT LAUDERDALE FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Florida. 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOLANO, JAIME E  
STREET ADDRESS 3291 WEST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME BOLANO, ROSALBA  
STREET ADDRESS 3291 WEST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☒ DELETE

NAME CAMINERO, SALVADOR  
STREET ADDRESS 3291 WEST SUNRISE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

CR2E034 (4/97)

get full from within for  
as you can see the zip  
was wrong, not for advice  
or representatives from south

and B. Wilson  
Bo. L. 10