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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

ULOVE JEWELRY, INC.

P96000054947

Mailing Address

FILED

97 MAR -3 PM 4: 10

SUCKEDAY GI STATE

353 WEST 47TH STREET MIAMI FL 33140		PO Box 378-706 Marma, FL 33239									
						i					
						3. Date Incorporated or Qualified 3a. Date 06/27/1996			of Last Report		
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Apr	lied For	
21		26 P.O. Box 35				00-05-11-05-4 Not Appl			Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additiona					
22		27					Fee Required				
City & State		City & State	to Manua El			6. Election Campaign Financing \$5.00 May Be					
23		28 INTHMI LT	Country			Trust Fund Contribution Added to Fees					
Zip	Country							y for intangible tax under s. 199.032, Yes XNo			
24	25 9. Name and Address of Cur	29 <i>0</i> 02 <i>09</i> 30	이		<u> </u>	Florida Statutes 10. Name and Address of New Rec					
4140	RILAWYER CHARTERED	rent Registered Agent	8	1	Name	10, Italia and Address of New Ast	Jistol Du A	Sour			
			Typing								
	ALMERIA AVENUE		В	2	Street Addre	eet Address (P.O. Box Number is Not Acceptable)					
CUH	VAL GABLES FL 33134		8	-							
			6	3							
			В	4	City			85	Zip C	ode	
		···	بلب	1.			FL	<u> </u>			
11. Pursuant i	to the provisions of Spotions 607.0 egistered agent, or both, in the St	0502 and 607.1508, Florida Statutes, ale of Florida. Such change was aut	, the abo Ihorized I	we- bv 1	named corpo the corporatio	pration submits this statement for the property board of directors. I hereby accept	urpose of t tithe appo	cnang intme	nng its nt as r	registered eaistered	
agent. I a	m familiar with, and accept the of	oligations of, Section 607.0505, Florid	da Statul	os.	,	·	•				
SIGNATURE						.,			<u>.</u> _		
	Signature, typed or printed name of registered	Lagent and little if applicable (NOTE: F AND DIRECTORS		vgoni	signature required	d when reinstating)	DATE CDC AND	DIDE	TODO	- IN 40	
12. TOLE	PSTD	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFIC		Ch		Addition	
NAME	AALMA MANUAE			1.2 NAME					uy.		
	353 WEST 47TH STREET			SIREET ADDRESS							
STREET ADDRESS	MIAMI FL 33140				1						
CITY-ST-ZIP TITLE			1.4 CITY 2.1 TITLE		ZIP			Ch	anne	Addition	
NAME			Į.	2 NAME		3.3-97					
				2.3 STREET ADDRESS		411 2.3-17					
STREET ADDRESS				4 CITY-ST-ZIP		k 2					
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		- 2117	·	<u> </u>	Ch	anne	Addition	
NAME		_ officie	3.2 NAM		1		• .1		ungo		
STREET ADDRESS			3.3 STRE		nnacec						
-			3.4 CIBY								
CITY-ST-ZIP TITLE		DELETE	4.1 TOTAL	_	- Zir			Ch	ange	Addition	
NAME			4. 2 NAV							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS			4.3 STRE		DODECC						
CITY-ST-ZIP			4.4 CITY								
TITLE		DELETE	5.1 11TLE		Zir			Ch	anne	Addition	
NAME		Record Co. Co.	5.2 NAM						•		
STREET ADDRESS			5.3 STRE	_	IDDRESS						
			5.4 CITY								
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		- 20			Ch	anne	Addition	
NAME			6.2 NAM			10000210					
			6.3 STRE		innocce	10000210 -03/05/970106	104	9			
STREET ADDRESS			0.3 STRE			***165.00		_			

14. I do hereby certify that the information supplied with this filling 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.

alacher