## 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

1. Corporatio D & C	62-4733								
						3. Date Incorporated or Qualified 09/04/1996	3a. 1	Date of Last P	leport
2. Principal P	face of Business	2a. Mailing Address	•.			4. Fel Number 65-06 92 75	/	} <del></del>	pplied For ot Applicable
Suite, Apil	#, etc.	Suite, Apt. #, etc.		•		5. Certificate of Status Desired			Additional equired
City & Stat	e .	City & State	····			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζιρ 24	Country 25	Zip	Cour <b>30</b>	ntry		This corporation has liability to Florida Statutes	r intangib	<del></del>	
<del>=</del> `-	9. Name and Address of Cur			i		10. Name and Address of New R	egistere	d Agent	
LOF	RCA, DAMAR S			81	Name				
179	O NE 163 STREET MIAMI BEACH FL 33162		}	82	Street Addr	ress (P.O. Box Number is Not Accept	ible)		
	mwani opion i e ooise			83			<del> </del>	····	A
			ļ	84	City		F	<b>85</b> Zip	Code
SIGNATURE	Signature typed or pented name of registered	agent and title Lappicable. (NOTe	£ Registered			tion's board of directors. I hereby acc red when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A		***********
THEF	PD DAMADIO	☐ DELETE	1.1 111		1			☐ Change	Addition
NAME	LORCA, DAMARIS		1.2 NA						
STREET ADDRESS	1790 NE 163 STREET   NO MIAMI BEACH FL 33162	,			DDRESS				
CHY-S1-ZIP	VSTD	DELETE	1.4 C() 2.1 T()	TY-ST-	ZIP			Change	Addition
NAME	CESAR, CESARTH M. Lo		2.2 NA					L Olikingo	7,00,00
STREET ADDRESS	1790 NE 163 STREET				DORESS				
017-81-7P	NO MIAMI BEACH FL 33182	2		ITY-ST					
TITLE		DELETE	3.1 111				<del> ,</del>	Change	Addition
NAME			3.2 NA	AME					
STREET ADDRESS			3.3 ST	REET A	DDRESS				
City - St - ZiP			3.4. CI	ITY-ST	- <b>2</b> IP				
TIFLE		☐ DELETE	4,1 TiT	TLE				Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 \$1	REET A	odress				
OTY-ST 7/2		There exe		TY-ST-	ZIP			Observe	kaias
TITLE		☐ DELETE	5.1 111					Change	Addition
NAMI			5.2 NA						
STREET ACIDRESS					ODRESS				
COY-SE-ZIP THEF		☐ DELETE	5.4 CI	TY-ST-	ZIP			Change	Addition
NAME		_ occur	6.2 NA					0101190	- Andrews
STREET ADDRESS					ODBESS				

14. To 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:** 

6 4 CITY-ST-ZIP

9440072

**FILED** 

May 23 1997 8:00am

Secretary of State

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COL	Profit Proration Ual Report		Sandra E	RTMENT OF STATE  Mortham  ry of State					
	1997			CORPORATIONS					
<ol> <li>Corporation</li> </ol>	on Name	960000							
λ	¢ C Jew	IELRY, INC							
Principal Plac	on of Business	Mail	ng Address		-				
1790	NE 143 ST	'46E7	•						
No. M	IAMI BEACH,	FL 33162	Date Incorporated or Qualified	2a Data of I	act Papart				
					3. Date Incorporated or Qualified 9/04/96 3a. Date of Last Report				
	Place of Business	ļ <sub>1</sub>	Mailing Address		4. FEI Number 65-06 92 7	<u>.</u> ,	Applied For		
Suite, Apt	# etc	26	iuite, Apt. #, etc.				Not Applicable  75 Additional		
22		27	V4. 6 Dt 4-		5. Certificate of Status Desired	۲J F	ee Required		
City & Stat	te	28	City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be		
Zip	Coun	try Z	ip	Country	8. This corporation has liability for	intangible tax un			
24	9. Name and Add	[29] ress of Current Registe	red Agent	[30]	Fiorida Statutes  10. Name and Address of New Ro	Yes No			
LOR	CA, DAMAR	t i S		61 Name					
1790	NE 163 S	TREST		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)			
No	MIAMI BEI	9CH, FL 3316	2	83	······································				
•••	•			84 City		65	Zip Code		
44 [	1.6	aliana 607 0500 and 603	1500 Florido Past d		poration submits this statement for the				
other con	registered agent, or he	th, in the State of Florida cept the obligations of, t	Such change was a	authorized by the corpora	tion's board of directors. I hereby acce	pt the appointme	int as registered		
SIGNATURE	STO LEADINGS THE COLOR	copy the deligations of							
12.		ma of registered agent and title if a OFFICERS AND DIRECT	·	E Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIREC	CTORS IN 12		
10.1	PD	4	DELETE	1.1 TITLE		☐ Ch			
HAM	LORCA	DAMARIS 163 STREET	•	1.2 NAME					
STREET ADORESS.  CHY. ST. ZIE	KO. Miami	BEACH, FA	. 33162	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
1.104	VCTA		DELETE	2.1 TITLE		☐ Ch	ange L Addition		
NAM	CESAR M	. Lorca 163 Street 11 Beach, 1	•	2.2 NAME					
STREET ACCRESS Official STEAR	NO ME	N REACH	FL 23167	2 3 STREET ADDRESS 2 4 City-St-Zip					
That is	71 C. 11771411	" Ocyci,	DELETE	31 TIFLE		Chi	ange Addition		
NAM:				3 2 NAME					
STRLET ADDRESS: - (Pt S - 2P				3.3 STREET ADDRESS 3.4. CITY - ST - ZIP					
101 5 61 101			DELETE	4.1 TITLE		Cha	ange 🔲 Addition		
7.50				4. 2 NAME					
STREET ANDRESS.				4.3 STREET ADDRESS 4.4 CHY-ST-ZIP					
11.1 ULA 24.2			DELETE	5.1 TITLE		☐ Ch	ange Addition		
NAME				5.2 NAME					
STREET ADOPESS				5.3 STREET ADORESS					
THE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Ch	ange Addition		
NAME	)			6.2 NAME					
Start Modfish				6.3 STREET ADDRESS			i		
011Y-81 ZII <b>14.</b> Tabilitere	by certify that the infor	mation supplied with this	filing does not quali	fy for the exemption state	d in Section 119,07(3)(i), Florida Statuti	as. I further certify	y that the		
informatic Lans an p	ori indicated on this and officer or director of the	nual report or supplement corporation or the receiver	tal annual report is t er or trustee empow	rue and accurate and that rered to execute this report	t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect as if mad	de under oath; that		
appoors, i	in Brock 12 or Block 13	if changed, or on an att	achment with an add						
SIGNAT	TURE: The	IRE AND TYPED OR PRINTED N	C -	OR INRECTOR	5-17-1997	305- 9	44 00 72		