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

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90002 006 ***550.00

OCUMENT # P9700000610

CD JEWELBOX COMPANY

rincipal Place of Business Mailing Address					** **	
30 NW 36TH STREET 7930 NW 36TH STREET						
JITE 23-357 SUITE 23-357						
IAMI FL 33166		MIAMI FL 33166				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/03/1997
Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
1		26				APPLIED FOR 65-073/23/ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #, etc.			¬			5. Certificate of Status Desired Fee Required
03. 2.04.		City & State	<u> </u>			
City & State		City & State	1 ´			6. Election Campaign Financing \$5.00 May Be
<u> </u>	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible
25		29	9 30			Personal Property Tax.
Name and Address of Current Registered Agent				L.		10. Name and Address of New Registered Agent
_				81	Name of	EUAI9A
~ PAR	lapisis , dominick c					
7930	NW 36TH STR				Street Addre	ress (P.O. Box Number is Not Acceptable)
#23						
MIAMI FL 33166				83		
MIMMI FL 33 100				84	City	85 Zip Code
				-	,	FL 53335
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	tutes.		on's board of directors. I hereby accept the appointment as registered
701411 OILE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	d Agent	signature required	d when reinstating) DATE
2.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	D	☐ DELETE	1.1 11	TILE	ĺ	☐ Change ☐ Addition
AME	PARLAPIANO, DOMINICK C		1,2 N	IAME	·	
TREET ADDRESS	7930 NW 36TH ST, #23-357		135	TREET	ADDRESS	
	MIAMI FL 33166		1	ITY-ST	1	
ITY-ST-ZIP	MIAMI 1 E 30 100	☐ DELETE	2.1 TI			☐ Change ☐ Addition
ITLE	•		II		l	
AME			2.2 N	AME	Ì	
TREET ADDRESS		• •	2.3 \$	TREET	ADDRESS	
:ITY-ST-ZJP			2.40	CITY-ST	-ZIP	
ITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TI	TTLE	_	☐ Change ☐ Addition
LAME			3.2 N	IAME		
TREET ADDRESS			335	TREET	ADDRESS .	
					ļ	
ITY-ST-ZIP		□ DELETE	4,1 T	CITY-ST	-217	☐ Change ☐ Addition
TILE		□ beceit				
IAME			4.21	NAME		
TREET ADDRESS			4.3 S	TREET	ADORESS	
TY-ST-ZIP	the same of the same of the same of	. <u></u>	4.4 C	aty-st	ZIP	
TILE		☐ DELETE	5.1 Ti	TILE		- Change - Addition
NAME			5.2 N	AME		
			5.3 S	TREET	ADDRESS	
STREET ADDRESS				TY-ST		
CITY-ST-ZIP		· □ berett	6.1 T		Ear -	☐ Change ☐ Addition
TITLE		□ DELETE				☐ Change ☐ Addition
VAME			6.2 N		1	
STREET ADDRESS			6.3 ST		ADDRESS	
			640	TO OT	71D	

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 only an attact ment that my name address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/95 Date 305 772-6702 Davime Phone #

02.

(R2E034 (11/98)