FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morl@am Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P97000020619 (7) DOCUMENT # I.M. JEWELRY III, INC. Principal Place of Business Mailing Address 8360 W. FLAGLER STREET 8360 W. FLAGLER STREET SUITE 205 SUITE 205 MIAMI FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current pear Intangible 24 29 30 Personal Property Tax due June 30. ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARTINEZ, ANDY 8360 W. FLAGLER STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 205** 83 **MIAMI FL 33144** 84 City 85 Zip Code 11. Pursuant torthe 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607,0605, Florida Statutes. led name of registered agons and tilk. Capping (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 1 III F Change Addition TITLE MARIN, ISRAEL JR NAME 1.2 NAME 8360 W. FLAGLER STREET, SUITE 205 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33144 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETÉ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

6.1 TITLE 6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. Thereby certify that the information samples with this ying closs 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 of supplier intal annual report is 100 and a curate 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 thy receiveryor trustee components to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on our an attacturent willy an address.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Block 12 or Block 13 if changed or on