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

Jun 17 1998 8:00am **PROFIT** ORIDA DEPARTMENT OF STATE **CORPORATION** Sanc 3 B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 P97000021483 (7) DOCUMENT # BIJOUX ORLANDO, INC. Principal Place of Business Mailing Address 1618 BRIDGE WATER DRIVE 1618 BRIDGE WATER DRIVE LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 2. Principal Place of Business 2a. Mailing Address 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 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible X Yes ☐ No Personal Properly Tax due June 30. 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POHL. L 81 280 WEST CANTON AVE. 82 Street **STE 410** 83 WINTER PARK FL 32789 B4 City Zip Code 3a789 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 torida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the objects of fluid 617.2515, Florida Statutes. SIGNATURE (NCH). Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 🔲 DELETE Change Addition 1.1 TOLE TITLE **SHEWAKRAM, GULABRAI** NAME 1.2 NAME 1618 BRIDGE WATER DRIVE 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 32748 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 TITLE TRUEBA, ADRIANA 2 2 NAME NAME **1618 BRIDGE WATER DRIVE** STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 2. 4 CITY - ST - 21P □ DITETÉ Addition 3.1 11118 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addi: TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Ad " 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- ZIP DFLETE TITLE 6.1 THE SUUDDESSETE 6.2 NAME NAME -06/19/93--01034--044 **6.3 STRELT ADDRESS** STREET ADDRESS ***150.00

64 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 13 if changed, or on a ratification of with an address.

CITY-ST-ZIP

FILED

(407)645.45a2