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

FILED Jun 01 1998 8:00am PROFIL FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # P97000028076 (2) JUAN CRUZ GOLD JEWELRY, INC. Principal Place of Business Mailing Address 3015 N.W. 79TH ST 3015 N.W. 79TH ST C-27 & 28 C-27 & 28 DO NOT WRITE IN THIS SPACE MIAM! FL 33147 MIAMI FL 33147 3. Date Incorporated or Qualified 03/24/1997 FEI Number 0685634 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, 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 Trust Fund Contribution 23 28 Added to Fees Country Zιρ 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRUZ, JUAN 9300 NW BROADMINOR RD. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or profesi name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change ___ Addition TITLE 1.1 THEF CRUZ, JUAN 1.2 NAME NAME 8300 N.W. BROADMINOR RD. 9060 UW 32 CTRA STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33147** 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition TITLE 2.1 1(1) E CRUZ, FIOR M 2.2 NAME NAME 9300 N.W. BROADMINOR RD. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TILLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - 7IP CITY-ST-ZIP ☐ Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CAY-ST-ZIP DELETE Change Addition TETLE 6.1 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

5-20-00

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 supplemental amount 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 nuceiver 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 attachagent with an address.

CITY-ST-ZIP