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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sanga B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700095816 (9)

DE PAOLI GEMS & JEWELRY, INC.

Principal Place of Business	Mailing Address	
8221 GLADES ROAD	8221 GLADES ROAD	
SUITE 101	SUITE 101	
BOCA RATON FL 33434	BOCA RATON FL 33434	
2. Principal Place of Business	2a. Mailing Address	 -
2. Principal Place of Business	2a. Mailing Address	

FILED

98 OCT 15 AM 10: 09

SECRETARY OF STATE TALLAHASSEE. FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

							11/10/1997. 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address								
21	26						65-07948>3 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional		
22		27					Fee Required	
City & State		City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution	
Zip	Country	Zip	ļ	Coun	itry		8. This corporation owes or has paid the current year intangible	
24	25	29 Bagistared Ager		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					81 Name			
AMERILAWYER			[The state of the s				
	343 ALMERIA AVENUE			1	82 Street Address (P.O. Box Number is Not Acceptable)			
CO	RAL GABLES FL 33134				83			
				1	53			
				Ì	84	City 85 Zip Code		
					_ [!-L	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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		•			_			
	Signature, typed or printed name of registered agent		(NOTE		Ager	nt signature requ	ulred when reinstating) DATE	
12.	OFFICERS AND		DELLIE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	لبا	DELETE	1.1 TNL		1	Change Addition	
NAME	DE SOUZA, JOSE CARLOS F			1.2 NAM	ΛE	ļ		
STREET ADDRESS	8221 GLADES ROAD, SUITE 1	01		1.3 STR	EET A	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434			1.4 CITY	(-ST	T- ZIP		
TITLE	VD	ليا	DELETE	21 T.T.	.E		L Change L Addițion	
NAME	DE SOUZA, WILMA DE PAOLI	OUZA, WILMA DE PAOLI F		2.2 NAM	Æ.		6000026677462	
STREET ADDRESS	8221 GLADES ROAD, SUITE 101 23S		2.3 STR	3 STREET ADDRESS		31024-805		
CITY - ST - ZIP	80CA RATON FL 33434 2.40		_2, 4 CIT	Y.S	T-ZIP	-10/20/9801024005		
TITLE	☐ DELETE, 3.1 TI			3.1 TITL	E	1	Addition	
NAME	3.2 N		3.2 NAM	Æ	1			
STREET ADORESS				3.3 STR	EET /	ADDRESS	•	
CITY-ST-ZIP				3,4, CIT	Y-S1	T-ZIP		
TITLE			DELETE	4.1 TITL			Change Addition	
NAME				4. 2 NA	ME			
STREET ANDRESS				4,3 STR	EET /	AODRESS		
CITY-ST-ZIP				4.4 CITY		[
TITLE			DELETE	5.1 TITL	_		Change Addition	
NAME .		_		5.2 NAM				
STREET ADDRESS				3		ADDRESS		
CITY-ST-ZIP				5.4 CITY				
TITLE			DELETE	6.1 TITL	_	- 415	Change Addition	
NAME				6.2 NAM		Į	_ Strange The Strange	
				1		LODGEGG		
STREET ADDRESS				1		ADDRESS	(77)	
CITY-ST-ZIP	partify that the information currelled with	this filing door :	ot avoliti. for	6.4 City			n Section 119.07(3)(i), Florida Statutes, I further certify that the information	
indicated	on this annual report or supplemental	annual report is to	ne aud acci	rate and	tha	it my signat	ure 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:

SIGNATURE REQUIRED

0333092