SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON QR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000104525 (5)

WESTCHESTER JEWELRY, CORP.

## **FILED** Oct 16 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				- I LEDILEDI LID IBLIL IODIL DONIL BONIL BOND NIBIN BRÎNÎ DIDDI DINID ÎLIDI DINE ÎNDÎ	
B518-A SW 24 STREET MIAM! FL 33155		8518-A SW 24 STREET MIAMI FL 33155					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						12/11/1997	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0799603	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00 May Be
23		[28]				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		intry		8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30			Personal Property Tax due June 30.	Yes No
<del></del>	9. Name and Address of Currer	nt Registered Agent		l		10. Name and Address of New Registere	d Agent
RODRIGU <b>6Z</b> , ILUMINADA				81	Name		
	3-A SW 24 STREET		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAN	MI FL 83155				000017100	The transfer of the transfer of	
	₩			83			
							Joel 7% Code
				84	City	F	85 Zip Code
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was	s authorized	d by t	the corporat	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ch <b>ang</b> ing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	(NO1E: Registe	red Ag	ent signature rec	quired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PSTD	DELETE 1.1T		1.1 TITLE			Change Addition
NAME	RODRIGUEZ, ILUMINADA		1.2 NAME				_ ,
STREET ADDRESS	851 <b>8</b> -A SW 24 STREET		1.3 STREET AD		ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155	NAMI FL 33155		TY-ST-	ZIP		
TITLE		DELETE	2.1 TO	TLE			Change Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2351		ADDRESS		
CITY-ST-ZIP			2 4 CIT		ZIP		
TITLE		DELETE	DELETE 3.1 TITLE				Change Addition
NAME			3.2 N			700002666	2 <b>5</b> 7
STREET ADDRESS			33ST	REETA	ADDRESS	-10/19/9801006	-13 <b>2</b> 2
CITY-ST-ZIP			3.4 CITY-ST-Z0		ZIP	***550.00	
TITLE	DELETE 4.11		TLE:			Change Addition	
NAME		b · ·	4.2 NA	ME			
STREET ADDRESS			4.3 ST	REETA	MDRESS		
CiTY-SY-ZIP			4.4 CI	TY-ST-2	ZIP		
TITLE		DELETE		5.1 TITLE			Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			6.3 ST	REETA	NDDRESS.		
CITY-ST-ZIP			5.4 CI				
TITLE				6.1 TITLE			Change Addition
NAME		L DELETE	6.2 NA	ME			J C
STREET ADDRESS					DDRESS		<i>3</i> ₹.
CITY-ST-ZIP				I Y-ST-Z			iolue
0.111-011-201	L		0.4 01	. 1-31-2	<u> </u>		

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 on an attachment with an address.

( Bar) 205 2225