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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90079 040 \*\*\*150.00

## DOCUMENT # P97000104525

1. Corporation Name

WESTCHESTER JEWELRY. CORP.

| Principal P | lace of | Business |
|-------------|---------|----------|
|-------------|---------|----------|

8518-A SW 24 STREET

Mailing Address

8518-A SW 24 STREET



| MIAMI FL 33135                                    |                                     |                 | DO NOT WRITE IN THIS SPACE                               |                                  |  |
|---|-------------------------------------|-----------------|--|----------------------------------|--|
|   |                                     |                 | 3. Date Incorporated or Qualifed 12/11/1997              |                                  |  |
| 2. Principal Place of Business 21 8514 SW 24TH ST | 2a. Mailing Address 26 8514 SW 247H | sT              | 4. FEI Number 65-0799603                                 | Applied For Not Applicable-      |  |
| Suite, Apt. #, etc.                               | Suite, Apt. #, etc.                 |                 | 5. Certifcate of Status Desired                          | \$8.75 Additional Fee Required   |  |
| City & State  23 MIRHI FL                         | City & State  28 HIAMI FL           |                 | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees      |  |
| Zip Country  24 33/55 25                          |                                     | untry           | This corporation owes the curr<br>Personal Property Tax. | rent year Intangible<br>⊠Yes □No |  |
| 9. Name and Address of Curre                      |                                     |                 | 10. Name and Address of New I                            | Registered Agent                 |  |
| RODRIGUEZ, ILUMINADA                              | -                                   | 81 Name         |  |                                  |  |
| 8518-A SW 24 STREET<br>MIAMI FL 33155             |                                     | 8514            | ess (P.O. Box Number is Not Accepta<br>SW 347H ST        | able)<br>                        |  |
| MIMMI FE 30 133                                   |                                     | 83              |  |                                  |  |
|   | 20 1007 1500 51 11 01 11 11         | 84 City<br>HIAM | FL 33155   | FL 85 Zip Code                   |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named con renseance the provisions of sections do route and do risks, Frontia diables, the adovernment depotation submits this statement for the purpose of dranging its 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 printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition 1.1 TITLE Change **PSTD** DELETE TITLE RODRIGUEZ, ILUMINADA 12 NAME NAME 8518-A SW 24 STREET 8514 SW 24TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP MAHI FL 33155 CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered.

CR2E034 (11/98)