Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9800007476

1. Corporation Name

R R T JEWELRY MANUFACTORY, INC.

Principal Place of Business	•
8013 WEST 21ST COURT	

## FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90051 017 \*\*\*150.00



8013 WEST 21ST COURT HIALEAH FL 33016			8013 WEST 21ST COURT HIALEAH FL 33016				DO NOT WRITE IN T	HIS SPAC	:F
						1	Date Incorporated or Qualifed 01/23/1998		
2. Principal Plac	e of Business	2a	Mailing Address	٠٠, ٠٠	4	-4	65-0810889		- Applied For-> Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.			1	Certificate of Status Desired	Þβ	.75 Additional ee Required
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution	,	5.00 May Be dded to Fees
Zîp 24	Country 25	29	Zip Co	untry		1	This corporation owes the current year Personal Property Tax.	r Intangijie Ye	
9. Name and Address of Current Registered Agent			$\top$	10. Name and Address of New Registered Agent					
TOSCO, LIVIO 8013 WEST 21ST COURT HIALEAH FL 33016		81	Name	,					
		82	Street Address (P.O. Box Number is Not Acceptable)						
				84	1			FL 85	Zip Code
office or regi	the provisions of Sections 607.05 stered agent, or both, in the State amiliar with, and accept the oblig	e of Flori	da. Such change was authorize	d by	the corporation	oration n's bo	n submits this statement for the purpos pard of directors. I hereby accept the a	e of chang ppointment	ing its registered as registered
A									l

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN # OFFICERS AND DIRECTORS 13 12. Addition Change DELETE 1.1 TITLE TITLE TOSCO NAME 12 NAME 3400 SW 136TH AVE STREET ADDRESS 1.3 STREET ADDRESS HIRAHAR 33027 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 356 W 1474 STREET ADDRESS 2.3 STREET ADDRESS - 2229 HIKLEAH. CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE RAMIABE NAME 3.2 NAME 135 TH ST. 3 3 STREET ADDRESS STREET ADDRESS 33016 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Cnange Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE 6.1 TITLE ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 supplier ental 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 ress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

305-8180880

CR2F034 (11/98)