PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055003

NATURE'S JEWELS INC.

Mailing Address Principal Place of Business 12295 S.W. 151 Street 12295/S:W.151 Street Miami, FE. 33186 -Miami JEL. 33186 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/19/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0842905 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Julie REITER, JULIE Street Address (P.O. Box Number is Not Acceptable) 12295 SW. 1515+ Unit E-313 **5900** Street MIAMI FL 33136 83 Zip Code 33143 Miani 11. Pursuant to the provisions of Sections 607.0502 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 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 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change Addition 1.1 TITLE Director TITLE REITER, JULIE Julie Reiter 1.2 NAME NAME 12295, SW 15184 Unit E-313 5900 SW 59 Street 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33184 1.4 CITY-ST-ZIP Miami, FL. 33143 CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF 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 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition TITLE

6.2 NAME

6.3 STREET ADDRESS

84 CITY-ST-ZIP

Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90248 008 ***158.75

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.

NAME

STREET ADDRESS

CR2E034 (11/98)