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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0191211

PROFIT
CORPORATION
ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000080593**

1. Corporation Name
OQUENDO JEWELRY MFG. INC.

Principal Place of Business	Mailing Address
14 NE 1ST AVE RM 1112 MIAMI FL 33132	14 NE 1ST AVE RM 1112 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1998

4. FEI Number
65-0863716
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY Suite, Apt. #, etc.	26 2300 CORAL WAY Suite, Apt. #, etc.
22 SUITE # 200 City & State	27 SUITE # 200 City & State
23 MIAMI FLORIDA Zip Country	28 MIAMI FLORIDA Zip Country
24 33145 25 U.S.	29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES
2300 CORAL WAY STE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ AMADA CANTERA LOPEZ. PRES. 3/29/99
Signature, type or print name of registered agent & title if applicable (Note: Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME OQUENDO, ROLANDO R		12 NAME	
STREET ADDRESS 502 SW 13 AVE APT 3		13 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33135		14 CITY-ST-ZIP	
TITLE STD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME OQUENDO, OLIMPIA R		22 NAME	
STREET ADDRESS 502 SW 13 AVE APT 3		23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33135		24 CITY-ST-ZIP	
TITLE VD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME OQUENDO, OMAR		32 NAME	
STREET ADDRESS 502 SW 13 AVE APT 3		33 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33135		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****150.00 ****150.00

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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.

SIGNATURE: Rolando Oquendo 3/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE