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PROFIT -CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$48032

HAIMOV & SONS JEWELRY, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90061 008 ***150.00

Principal Place of Business Mailing Address							A TORKHOLO TIK DIDAGI KOLIH OGADA KILKA KIDI DIDAH DIDIK GLOH ALDKU DIDIK ARAKT DIDIK ARAKT HADI			
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			SUITE 10				• •		٠,	
MIAMI FL 33132			MIAMI: FL 33132				DO NOT WRITE IN THIS SPACE			
us us							3. Date Incorporated or Qualifed			
							04/25/1991			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					65-0264696		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4		\$8.75 A	Additional
22		27					5. Certifcate of Status Desired		Fee Re	quired
City & Stat	e	— ,	City & State				6. Election Campaign Financing		\$5.00	May Ro
23		28	•				Trust Fund Contribution		Added to	, ,
Zip	Country		Zip	Cou	ntry		8. This corporation owes the curr	ent vear int	angible	
24	25	29	- -	30	,		Personal Property Tax.	ent year ma		□No
	9. Name and Address of Curre		tered Agent		Ι	-	10. Name and Address of New F	Registered :		
	The state of the s				81	Name			-9****	
HAIN	AOV, ALIK									
	IE 1ST STREET #10			-	82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
	E 10				L.		The Control of	*		
					83					
MIAN	VII FL 33132				84	City	* 1 (14) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 x 6 V 4	85 / Zip C	ode"
					••	City		FL		,000
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statu	ites, the a	bove-	named corpor	ration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State	e of Florid	a. Such change was	authorized	l by th	he corporation	i's board of directors. I hereby accer	ot the appoir	ntment as req	gistered
lic Sonont I a		tations of '	Section 607 0505 FI	orida Stati	ités	•				I
	m familiar with, and accept the oblig	ations of,	Section 607.0505, FI	orida Stati	utes.	·				
SIGNATURE		1.71		orida Stati	utes.			DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ूर्न jent and title if	applicable. (NOT	orida Stati	utes.	signature required v	when reinstating)		D DIRECTO	
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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 supplementation 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 of 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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP . :

TITLE

NAME,

☐ DELETE

Change

Addition