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

DOCUMENT # \$82872

STREET ADDRESS

CITY-ST-ZIP

1. Corporation	on Name							
JOYERIA	A EL ENCANTO, INC.							
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Principal Plac	ce of Business	Mailing Address				HA HALANAN ASAN TAKA	I BIBIL BIBIL BIBIL IDI	j i
			TOEST	İ				
2405 EAST WASHINGTON STREET 2405 EAST WASHINGTON ST ORLANDO FL 32803 ORLANDO FL 32803			DIREEI					
011211120 12 1	02000	01101100 1 L 02000			DO NOT WRI	TE IN THIS SPAC	E	
				3.	Date Incorporated or Qualifed			
			-		09/25/1991			
2. Principal P	Place of Business	2a. Mailing Address		4.	. FEI Number		Applied For	
21	•	26			59-3092037	ľ	Not Applicab	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8	75 Additional	
22		27		5.	Certifcate of Status Desired		ee Required	
City & Stat	te .	City & State		6.	Election Campaign Financing		5.00 May Be	
23		28		J	Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Country	8.	This corporation owes the curre	ent year Intangible	 1	
24	25	29	30		Personal Property Tax.	ĹŶYe		
	9. Name and Address of Current	Registered Agent		10.	Name and Address of New R	legistered Agent		
			81 Nam	е				
	IZALEZ, MARISEL		82 Stree	t Address (F	P.O. Box Number is Not Accepta	hle)		
	EAST WASHINGTON STREET		02 . 3000	i Addices (i	.o. box (tumber is not Accepta			
ORL	ANDO FL 32803		83				133.5	7
•			04 3					
			84 City			FL 85	Zip Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-name	d corporatio	n submits this statement for the		ng its registered	_
The Constitution								, 1
office or r	registered agent, or both, in the State of	f Florida, Such change was au	thorized by the cor	poration's be	oard of directors. I hereby accep	t the appointment	as registered	,
	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida, Such change was au ons of, Section 607,0505, Flori	ithorized by the cor ida Statutes.	poration's b	oard of directors. I hereby accep	t the appointment	as registered	1
office or r agent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent		Ithorized by the cor ida Statutes. Registered Agent signature		i	t the appointment	as registered	1
	·	and title if applicable. (NOTE:		e required when i	i	DATE		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required when i	reinstating)	DATE	ECTORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature	e required when i	reinstating)	DATE FICERS AND DIR	ECTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTS GONZALEZ, MARISEL	and title if applicable. (NOTE:	Registered Agent signature 13. 1.1 TITLE	e required when	reinstating)	DATE FICERS AND DIR	ECTORS IN 12	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Marise

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90058 018 ***150.00