

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

01913

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90136 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V13085**

1. Corporation Name

F. OLIVA JEWELRY, INC.

Principal Place of Business

Mailing Address

**14 NE 1ST AVE.
STE 1002
MIAMI FL 33132
US**

**14 NE 1ST AVE.
STE 1002
MIAMI FL 33132
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number

65-0311499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVA, FEDERICO G.
120 NW 128 AVENUE
MIAMI FL 33182**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14 NE 1ST AVENUE

83

SUITE 1002

84

City
MIAMI

FL

85

Zip Code

33132

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)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
OLIVA, FEDERICO G.
120 NW 128 AVE
MIAMI BEACH FL 33182**

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**14 NE 1ST AVENUE SUITE 1002
MIAMI, Florida 33132**

TITLE ☐ DELETE

NAME
**S
OLIVA, ARGENTINA
120 NW 128 AVE
MIAMI BEACH FL 33182**

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
**14 NE 1ST AVENUE SUITE 1002
MIAMI, Florida 33132**

TITLE ☐ DELETE

NAME
**T
OLIVA, ANN E.
1103 NW 180 AVE
PEMBROKE PINES FL 33029**

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
**14 NE 1ST AVENUE SUITE 1002
MIAMI, Florida 33132**

TITLE ☐ DELETE

NAME
**AS
OLIVA, ROSEMARY
120 NW 128 AVE
MIAMI FL 33182**

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
**14 NE 1ST AVENUE SUITE 1002
MIAMI, Florida 33132**

TITLE ☐ DELETE

NAME
**AT
OLIVA, FREDRICK G
303 EAST HOMESTEAD AVENUE
PALISADES PARK NJ 07650**

51 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
**14 NE 1ST AVENUE SUITE 1002
MIAMI, Florida 33132**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (305)381-8566

Date

Daytime Phone #

CR2E034 (1/98)