

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V72977

(4)

1. Corporation Name

EDGAR'S JEWELRY, INC.

Principal Place of Business

11401 PINES BLVD
#270-B7
PEMBROKE PINES FL 33026

Mailing Address

11401 PINES BLVD
#270-B7
PEMBROKE PINES FL 33026-4117



3. Date Incorporated or Qualified

10/21/1992

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0363933

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES INC.
1290 WESTON RD
SUITE 214
FT LAUDERDALE FL 33326

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:

Signature of the person executing the change (and for the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PS
NAVARRO, EDGAR M
105 NW 109TH AVENUE #101
PEMBROKE PINES FL
VT

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAVARRO, ROBIN
105 NW 109TH AVE #101
PEMBROKE PINES FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAVARRO, ROBIN
105 NW 109TH AVE #101
PEMBROKE PINES FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAVARRO, ROBIN
105 NW 109TH AVE #101
PEMBROKE PINES FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAVARRO, ROBIN
105 NW 109TH AVE #101
PEMBROKE PINES FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAVARRO, ROBIN
105 NW 109TH AVE #101
PEMBROKE PINES FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 submitted 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.

SIGNATURE:

Robin Navarro V. Pres.

3/3/97

954-438-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #