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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # K 26355
1. Corporation Name
THE EMERALD JEWELRY INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2300 SW 23 STREET MIAMI FL 33145 US	Mailing Address 2300 SW 23 STREET MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt #, etc. 22 SUITE # 200 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt #, etc. 27 SUITE # 200 City & State 28 MIAMI FLORIDA Zip 29 33145	3. Date Incorporated or Qualified 6 - 16 - 1988	4. FEI Number 65-0063974 Applied For <input type="checkbox"/> Not Applicable
Country 25 U.S.	Country 30 U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY, SUITE # 200 MIAMI FLORIDA 33145		10. Name and Address of New Registered Agent	

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

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]* **AMADA CANTERA LOPEZ, PRES** **7-26-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '99	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D/ PEREZ OSCAR	12 NAME	
STREET ADDRESS	2801 N.W. 5TH. STREET	13 STREET ADDRESS	100002862861 -- 7
CITY-ST-ZIP	MIAMI FLORIDA 33125	14 CITY-ST-ZIP	-05/05/99--01005--013
TITLE	<input type="checkbox"/> DELETE	15 CITY-ST-ZIP	****150.00 ****150.00
NAME	S/T/ PEREZ ILIANA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2820 S.W. 80 TH. AVENUE	22 NAME	
CITY-ST-ZIP	MIAMI FLORIDA 33155	23 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
NAME		25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26 NAME	
CITY-ST-ZIP		27 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	28 CITY-ST-ZIP	
NAME		29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		30 NAME	
CITY-ST-ZIP		31 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	32 CITY-ST-ZIP	
NAME		33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		34 NAME	
CITY-ST-ZIP		35 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	36 CITY-ST-ZIP	
NAME		37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		38 NAME	
CITY-ST-ZIP		39 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	40 CITY-ST-ZIP	
NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
NAME		45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		46 NAME	
CITY-ST-ZIP		47 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	48 CITY-ST-ZIP	
NAME		49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		50 NAME	
CITY-ST-ZIP		51 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	52 CITY-ST-ZIP	
NAME		53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		54 NAME	
CITY-ST-ZIP		55 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	56 CITY-ST-ZIP	
NAME		57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		58 NAME	
CITY-ST-ZIP		59 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	60 CITY-ST-ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	

[Handwritten signature]

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]* **OSCAR PEREZ, PRES** **4/29/99**