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**Feb 04 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 # 456248 (4)

1. Corporation Name
BIJOUX TERNER, INC.



Principal Place of Business Mailing Address
7200 NW 7TH ST 3RD FLOOR MIAMI FL 33126-9903 **7200 NW 7TH ST 3RD FLOOR MIAMI FL 33126-2941**

3. Date Incorporated or Qualified **08/05/1974** 3a. Date of Last Report **02/09/1996**
4. FEI Number **59-1548183** 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

2. Principal Place of Business 2a. Mailing Address
21 **777 NW 72 Ave. 30C45** 26 **777 NW 72 Ave. 30C45**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **MIAMI, FLORIDA** 27 **MIAMI FLORIDA**
City & State City & State
23 **33126** 28 **33126**
Zip Zip
24 **DADE** 29 **DADE**
Country Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
TERNER, SALOMON 81 Name **SALOMON TERNER**
7200 NW 7 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **777 NW 72 Ave. 30C45**
MIAMI FL 33126 83 **MIAMI, FL**
84 City **MIAMI, FL** 85 Zip Code **33126**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERNER, SALOMON	1.2 NAME	
STREET ADDRESS	7200 N.W. 7 STREET	1.3 STREET ADDRESS	777 NW 72 Ave Suite 30C45
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl; 33126
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPIR, ROSA TERNER	2.2 NAME	
STREET ADDRESS	2901 S. BAYSHORE DRIVE APT. 9-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERNER, SALOMON	3.2 NAME	
STREET ADDRESS	7200 N.W. 7 STREET	3.3 STREET ADDRESS	777 NW 72 Ave Suite 30C45
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: DATE: **1/29/97** DAYTIME PHONE: **305-266-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)