

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90019 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **456248**

1. Corporation Name
BIJOUX TERNER, INC.



Principal Place of Business Mailing Address
 777 NW AVE 30045 777 NW 72 AVE 30045
~~3-GG-45~~ ~~3-GG-45~~
~~MIAMI FL 33126~~ ~~MIAMI FL 33126~~
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 7441 NW 8 St. 26 7441 NW 8 St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bay K 27 Bay K
 City & State City & State
 Miami, Fl. 33126 28 Miami Fl
 Zip Country Zip Country
 33126 25 Dade 29 33126 30 Dade

3. Date Incorporated or Qualified
08/05/1974
 4. FEI Number Applied For
59-1548183 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

TERNER, SALOMON
777 NW 72 AVE 30045-
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
Salomon Terner
 82 Street Address (P.O. Box Number is Not Acceptable)
7441 NW 8 St. Bay K
 83
 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

TITLE	D <input type="checkbox"/> DELETE
NAME	TERNER, SALOMON
STREET ADDRESS	777 NW 72 AVE SUITE 30045
CITY-STATE-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PAPIR, ROSA TERNER
STREET ADDRESS	2901 S. BAYSHORE DRIVE APT. 9-B
CITY-STATE-ZIP	MIAMI FL
TITLE	P <input type="checkbox"/> DELETE
NAME	TERNER, SALOMON
STREET ADDRESS	777 NW 72 AVE SUITE 30045-
CITY-STATE-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Salomon Terner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7441 NW 8 St. Bay K
1.3 STREET ADDRESS	Miami, FL. 33126
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	Salomon Terner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7441 NW 8 St. Bay K
3.3 STREET ADDRESS	Miami, FL. 33126
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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: **Salomon Terner, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98 (305) 266-9000
 Date Daytime Phone #

CR2E034 (1/98)