

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUL -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F00188 (5)

1. Corporation Name
INTERCONTINENTAL JEWELRY, INC.

Mailing Address % LERMAN AND LERMAN, P.A. 49 E FLAGLER ST. PH 101 MIAMI FL 33131	Principal Place of Business % LERMAN AND LERMAN, P.A. 49 E FLAGLER ST. PH 101 MIAMI FL 33131
--	--

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1980	3a. Date of Last Report 05/01/1993
4. FEI Number 59-2054761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 59-2054761	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LERMAN & LERMAN P.A.
48 E FLAGLER ST
PENTHOUSE 101
MIAMI FL 33131**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE P/D	12 NAME MORJAIN, MARCOS	11 TITLE	
13 STREET ADDRESS 1950 NE 198 TERRACE	14 CITY - ST - ZIP N MIAMI BCH. FL	12 NAME	
21 TITLE S	22 NAME ROK, ELIZABETH	13 STREET ADDRESS	
23 STREET ADDRESS 1950 NE 198TH TERRACE	24 CITY - ST - ZIP N MIAMI BCH FL	14 CITY - ST - ZIP	
31 TITLE	32 NAME	21 TITLE	
33 STREET ADDRESS	34 CITY - ST - ZIP	22 NAME	
41 TITLE	42 NAME	23 STREET ADDRESS	
43 STREET ADDRESS	44 CITY - ST - ZIP	24 CITY - ST - ZIP	
51 TITLE	52 NAME	31 TITLE	
53 STREET ADDRESS	54 CITY - ST - ZIP	32 NAME	
61 TITLE	62 NAME	33 STREET ADDRESS	
63 STREET ADDRESS	64 CITY - ST - ZIP	34 CITY - ST - ZIP	
71 TITLE	72 NAME	41 TITLE	
73 STREET ADDRESS	74 CITY - ST - ZIP	42 NAME	
81 TITLE	82 NAME	43 STREET ADDRESS	
83 STREET ADDRESS	84 CITY - ST - ZIP	44 CITY - ST - ZIP	
91 TITLE	92 NAME	51 TITLE	
93 STREET ADDRESS	94 CITY - ST - ZIP	52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the corporation status for tax on both 1993 and 1994, Florida Statutes. I do hereby certify that the information indicated on the 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 trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if change in an attachment with an address.

SIGNATURE: *Marcos Morjain* President **6/28/94**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR