

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10:31

DOCUMENT # F02948 (0)

1. Corporation Name
THE TIFFANY OF BAL HARBOUR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% SHEA & GOULD
1455 SHERBROOKS ST W. MEZZANIE. #200
MONTREAL QUEBEC H3G 1L2
CA

3. Date Incorporated or Qualified **10/23/1980** 3a. Date of Last Report **03/14/1994**
4. FEI Number **59-2047992** 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] Suite, Apt. #, etc. 26] Suite, Apt. #, etc.
22] City & State 27] City & State
23] Zip Country 28] Zip Country
24] 25] 29] 30]

9. Name and Address of Current Registered Agent
COHEN, S. JAMES
1428 BRICKELL AVENUE
6TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81] Name **GREENSPOON, MARDER, HIRSCHFELD & RAFKIN**
82] Street Address (P.O. Box Number is Not Acceptable)
Suite 700, Trade Centre South
83] **100 West Cypress Creek Road**
84] City **Fort Lauderdale** 85] Zip Code **FL 33309**

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 in both, of 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]* (NOTE: Registered Agent signature required when changing) DATE **2/2/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUGER, SOL
STREET ADDRESS	190 ETON CRESCENT
CITY-ST-ZIP	HAMPSTEAD, QUEBEC
TITLE	VD
NAME	BRONSTEIN, MORRIE
STREET ADDRESS	1 WOOD AVENUE #1405
CITY-ST-ZIP	MONTREAL, QUEBEC
TITLE	VSD
NAME	GREENBERG, SAM
STREET ADDRESS	3577 ATWATER #1408
CITY-ST-ZIP	MONTREAL, QUEBEC
TITLE	TD
NAME	DRAZIN, LOUIS
STREET ADDRESS	5557 BORDEN AVENUE
CITY-ST-ZIP	MONTERAL, QUEBEC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12] NAME	
13] STREET ADDRESS	
14] CITY-ST-ZIP	
21] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22] NAME	
23] STREET ADDRESS	
24] CITY-ST-ZIP	
31] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32] NAME	
33] STREET ADDRESS	
34] CITY-ST-ZIP	
41] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42] NAME	
43] STREET ADDRESS	
44] CITY-ST-ZIP	
51] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52] NAME	
53] STREET ADDRESS	
54] CITY-ST-ZIP	
61] TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Sections 199.02(3)(k), 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 person or person 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 not an attachment with an affidavit.

SIGNATURE: *[Signature]* **Sol Luger** DATE: **2/2/95** **(511) 935-7200**