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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K10428

(6)

LE JEAN'S JEWELERS, INC.

Principal Place of Business Mailing Address

** JUAN ACEVEDO

955 N SR 434 #201

FILED
May 08 1997 8:00am
Secretary of State



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% JUAN ACEVEDO 955 N SR 434 #201 ALTAMONTE SPRINGS FL 32714		% Juan Acevedo 955 n SR 434 #201 Altamonte Springs FL 32714-7026						
	7 711799				3. Date Incorporated or Qualified	3a. Date		,
A Driverine Di	less of D. visses	To Mailing Addison			01/04/1988	05/0	1/1996	
Z. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			59-2872060			ot Applicable Additional
22]	n, 00.	27			5. Certificate of Status Desired			Additional lequired
City & State	9	City & State			6. Election Campaign Financing			May Be
23	Country	28	Country		Trust Fund Contribution			to Fees
Zip 24	Country 26	7 ip	Country 30	У	B. This corporation has liability for Florida Statutes	intangible ta ¶Yøs □		s. 199.032,
	9. Name and Address of Curren	nt Registered Agent	7	·	10. Name and Address of New Re	gistered Ag	ent	·
ACE	VEDO, JUAN		81	Name				
955 N SR 434			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	TE 201		83					
ALI	AMONTE SPRINGS FL 32714							
			84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607,1508, Florida Stat	utes, the abov	re-named cor	rporation submits this statement for the p		hanging	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obline	of Florida, Such change was ations of, Section 607,0505	authorized b	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appoir	ntmont as	s registered
	The tarring that a doopt the oblig	anona or, occion occion,	ioneia Diaroto					
SIGNATURE								
Oldi II II Olic	Signature, typed or printed name of registered age	ent and title if applicable (N	DTE: Registered Ag	ont signature requ	ured when re-ristaling)	DATE		
12.		D DIRECTORS	DTE: Registéred Ag	ent signature requ	ured when relistating) ADDITIONS/CHANGES TO OFFIC	CERS AND D		
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12.	OFFICERS AN	D DIRECTORS	13.	ent signature requ		CERS AND D		
12.	OFFICERS AN DP ACEVEDO, JUAN 212 MONTERRAY ISLE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ont signature requi		CERS AND D		
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information indicated on this annual report or supplicational partial proof is frue 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 occeive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

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