

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K45152 (1)**
1. Corporation Name
CARIBBEAN GEMS AND JEWELRY, INC.



Principal Place of Business: **C/O ITALO M. DEVIVO, 1 N.E. 1ST ST, MIAMI FL 33132**
Mailing Address: **C/O ITALO M. DEVIVO, 1 N.E. 1ST ST, MIAMI FL 33132**

3. Date Incorporated or Qualified: **11/15/1988**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **65-0080342**
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
21. **36 NE 1ST STR**
22. **#141**
23. **MIAMI FL**
24. **33132**
25. **FL**
26. **36 NE 1ST STR**
27. **141**
28. **MIAMI FL**
29. **33132**
30. **FL**

9. Name and Address of Current Registered Agent
DEVIVO, ITALO M., 1 N.E. 1ST ST, MIAMI FL 33132

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, 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: **ITALO DeVivo Pres** DATE: **6/4/96**

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **DEVIVO, ITALO M.**
STREET ADDRESS: **1 N.E. 1ST ST**
CITY-ST-ZIP: **MIAMI FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME: **300001890513**
5.3 STREET ADDRESS: **-07/11/96--01016--028**
5.4 CITY-ST-ZIP: *****225.00**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Section 119.07(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 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.

SIGNATURE: **ITALO DeVivo** DATE: **6/4/96** **305 374 0333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #

CR2E034 (12/95)