

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

FILED

**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000047838 (5)

1. Corporation Name
JEWELS OF MIAMI, INC.



Principal Place of Business

**ONE NE FIRST ST
METRO BLDG #L8
MIAMI FL 33132**

Mailing Address

**ONE NE FIRST ST
METRO BLDG #L8
MIAMI FL 33132-2433**

3. Date incorporated or Qualified **06/27/1994** 3a. Date of Last Report **07/29/1996**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number **65-0501099** 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

9. Name and Address of Current Registered Agent

**MAKHJA, SHER S
1 NE 1ST ST #L8
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 **FL** 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

Signature of the person making this filing (if not the applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MAKHJA, SHER S	
STREET ADDRESS	1 NE 1ST ST #L8	
CITY- ST- ZIP	MIAMI FL 33132	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MAKHJA, SHUSHMA	
STREET ADDRESS	1 NE 1ST ST #L8	
CITY- ST- ZIP	MIAMI FL 33132	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MAKHJA, JASBIR	
STREET ADDRESS	1 NE 1ST ST #L8	
CITY- ST- ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAKHJA, JOHNY S	
STREET ADDRESS	1 NE 1ST ST #L8	
CITY- ST- ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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*****165.00**

14. I do hereby certify that the information applied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information stated 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:

JASBIR MAKHJA

1-13-97

(305) 373 6029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0176494

CR2E034 (9/96)