

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

CORPORATION,
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:27

DOCUMENT # P94000070661 (1)

JEWELS & DIAMONDS, INC.

1. Principal Office 474 NE 33 ST BOCA RATON FL 33431 21691 S. STATE Rd 7 BOCA RATON FL 33428		2a. Mailing Address 474 NE 33 ST BOCA RATON FL 33431		3. Date of Report 09/22/1994	
2. Filing Agent 21	2b. Filing Agent 26	4. Filing Fee 65.0534471	Applied For Not Applicable		
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation has liability for intangible tax under S. 109.022, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KALBKAUF, RAUL 474 NE 33 ST BOCA RATON FL 33431		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 102.011 and 102.11(1)(b), Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office and registered agent of record 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 a resident of Florida and accept the responsibility for compliance with Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
NAME	PSTD KALBKAUF, RAUL 474 NE 33 ST BOCA RATON FL 33431	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied in this filing is true and correct, for the complete filing in accordance with Florida Statutes. I further certify that the information provided in this filing is a true and correct representation of the facts and circumstances and that my signature shall have the same legal effect as if such were handwritten. I understand that the information provided in this report is required by a public law of Florida Statutes, and that my signature is required to be filed with the Department of State.

SIGNATURE: *Raul Kalbkauf*
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6/1/95 X 477-3455