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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023292 (2)

1. Corporation Name
STYLE JEWELRY, INC.



Principal Place of Business Mailing Address
36 N.E. 1ST STREET SUITE 712 MIAMI FL 33132

3. Date Incorporated or Qualified **03/22/1995** 3a. Date of Last Report **02/14/1996**
4. FEI Number **65-0579628-65-0571628** 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
**MORANTE, THOMAS F
% ONE BISCAYNE TOWER, SUITE 3750
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name **DAVID HAIM**
82. Street Address (P.O. Box Number is Not Acceptable) **36 N.E. 1st Street**
83. **Suite 712**
84. City **MIAMI** FL 85. Zip Code **33132**

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]* **DAVID HAIM** DATE **4/28/97**
Signature must be in ink or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERDELLS, JOHN	
STREET ADDRESS	2224 SEGOVIA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, DEREK	
STREET ADDRESS	1201 S. OCEAN DR. APT 1902 S	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIANI, JACKI	
STREET ADDRESS	20185 E. COUNTRY CLUB DR. APT. 1501	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAIM, DAVID	
STREET ADDRESS	412 POINCIANA DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELIANI, JACKI
3.3 STREET ADDRESS	20185 E. Country Club Dr. Apt 1501
3.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33180
4.1 TITLE	VICED PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAIM, DAVID
4.3 STREET ADDRESS	412 POINCIANA DRIVE
4.4 CITY-ST-ZIP	HALLANDALE FL 33009
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **DAVID HAIM** DATE **3/10/97** DAYTIME PHONE: **(305) 374-8666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)