SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT ,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000062061 (3)

AIA COIN & JEWELRY, INC.

Principal Place of Business 219 COMMERCIAL BLVD.

Mailing Address

219 COMMERCIAL BLVD.

FILED Jul 29 1998 8:00am Secretary of State



UDERDALE-BY-THE-SEA FL 33308		LAUDERDALE-BY-THE-SEA FL 33308			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/10/1995	
Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For
		26			65-0591853	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	n '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
NYCE, JOHN				81 Name	BRIAN KUSZMAR	
4367 N. FEDERAL HWY FT. LAU DE RDALE FL 33308				Street Address (P.O. Box Number is Not Acceptable) 2 1 4 Commercial BLYD		
				B3 LAUC	LAUdeadale By the SEA FL	
····-				84 City	_F	L 85 Zip Code 33308

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: yard or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	DELETE	1.1 TITLE		Change Addition				
NAME	LECCE, ROBERT B		1.2 NAME		1				
STREET ADDRESS	6576 VIA REGINA, BOCA POINTE		1.3 STREET ADDRESS	17761 SOUTHWIE	/ V// (
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	17761 Southwich Buch RATOR FO	L. 33498				
TITLE	VS	DELETE	2.1 TITLE		Change Addition				
NAME	KUSZMAR, BRIAN		2.2 NAME						
STREET ADDRESS	210 COMMERCIAL BLVD.		23 STREET ADDRESS						
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308		2.4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE		Change Addition				
NAME			3.2 NAME		<u></u>				
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4 CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE		Change Addition				
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE		Change Addition				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE		Change Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS		1				
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

14. I 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 If changed, or on an attachment with an address.

Id-Othle D