

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000068125 (0)**

1. Corporation Name
BUCHWALD JEWELERS, INC.



Principal Place of Business: **36 N.E. 1ST ST., STE. 123 MIAMI FL 33132**
Mailing Address: **36 N.E. 1ST ST., STE. 123 MIAMI FL 33132**

21	2. Principal Place of Business	2a	Mailing Address
22	21a. Suite, Apt. #, etc.	26	21a. Suite, Apt. #, etc.
23	22. City & State	27	22. City & State
24	23. Zip	28	23. Zip
25	24. Country	29	24. Country
30			

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	09/05/1995		
4.	FET Number		Applied For
	65-0607167		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHWALD, ROBERT
36 N.E. 1ST ST., STE. 123
MIAMI FL 33132**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	Zip Code	FL

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 principal place of business registered agent (if applicable)

(If Not Registered Agent Signature to principal place of business)

DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHWALD, ROBERT	2. NAME	
STREET ADDRESS	36 N.E. 1ST ST., STE. 123	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHWALD, JEFFREY	6. NAME	
STREET ADDRESS	36 N.E. 1ST ST., STE. 123	7. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	8. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHWALD, MARC	10. NAME	
STREET ADDRESS	36 N.E. 1ST ST., STE. 123	11. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. 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: *Jeffrey Buchwald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (302) 373-5283
Date: Phone #

CR2E034 (12/95)