

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton** P  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000042370 (2)**

1. Corporation Name  
**DENIMITE JEWELRY, INC.**



Principal Place of Business

**777 BRICKELL AVENUE STE 500  
SUN TRUST BLDG.  
MIAMI FL**

Mailing Address

**777 BRICKELL AVENUE STE 500  
SUN TRUST BLDG.  
MIAMI FL 33131-2803**

3. Date Incorporated or Qualified <b>05/10/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0674390</b>	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 **36 N.E. 1ST STREET**  
Suite, Apt. #, etc.

22 **SUITE 712**

23 **MIAMI, FLA**

24 **33132** 25 **USA**

2a. Mailing Address

26 **36 N.E. 1ST STREET**  
Suite, Apt. #, etc.

27 **SUITE 712**

28 **MIAMI, FLA.**

29 **33132** 30 **USA**

9. Name and Address of Current Registered Agent

**MORANTE, THOMAS F  
777 BRICKELL AVENUE STE 500  
SUN TRUST BLDG.  
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name **JACKI ELIANI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**36 N.E. 1ST STREET - SUITE # 712**  
83  
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 *DAVID HAIM* **DAVID HAIM** 3/10/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VERDELLIS, JOHN</b>	
STREET ADDRESS	<b>100 E. FLAGLER ST STE 922</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARSONS, DEREK</b>	
STREET ADDRESS	<b>100 E. FLAGLER ST STE 922</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ELIANI, JACKI</b>	
STREET ADDRESS	<b>20185 E. COUNTRY CLUB DRIVE APT 1501</b>	
CITY-ST-ZIP	<b>NO MIAMI BEACH FL 33180</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAIM, DAVID</b>	
STREET ADDRESS	<b>412 POINCIANA DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JACKI ELIANI</b>	
1.3 STREET ADDRESS	<b>36 N.E. 1ST STREET - # 712</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33132</b>	
2.1 TITLE	<b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DAVID HAIM</b>	
2.3 STREET ADDRESS	<b>36 N.E. 1ST STREET # 712</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33132</b>	
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		

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 if changed, or in an attachment with an address.

SIGNATURE: *DAVID HAIM* **DAVID HAIM** 3/10/97

CR2E034 (9/96)