

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

APPROVED AND FILED

99 MAR 23 PM 2:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000087347 1. Corporate Name: RAMAYO'S Jewelers Inc

Principal Place of Business: 9501 Arlington Expwy Jacksonville, FL 32225 Mailing Address: P.O. Box 20182 Jacksonville, FL 32225

2. Principal Place of Business: 21 9501 Arlington Expwy 22 Jacksonville, FL 23 32225 24 32225 25 U.S.A 26 P.O. Box 20182 27 Jacksonville, FL 28 Jacksonville, FL 29 32225 30 U.S.A 9. Name and Address of Current Registered Agent

Samir Rached 8787 Southside Blvd Apt 3718 Jacksonville, FL 32256

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

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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Sam Rached

12. OFFICERS AND DIRECTORS: 1. president Samir Rached 8787 Southside Blvd Apt 3718 Jacksonville, FL 32256 2. vice president Jphad ELEID 8010 Hampton Blvd Apt 101 N. Lauderdale, FL 33068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 11 TITLE [Change] [Add] 12 NAME [Change] [Add] 13 STREET ADDRESS [Change] [Add] 14 CITY-ST-ZIP [Change] [Add] 21 TITLE [Change] [Add] 22 NAME [Change] [Add] 23 STREET ADDRESS [Change] [Add] 24 CITY-ST-ZIP [Change] [Add] 31 TITLE [Change] [Add] 32 NAME [Change] [Add] 33 STREET ADDRESS [Change] [Add] 34 CITY-ST-ZIP [Change] [Add] 41 TITLE [Change] [Add] 42 NAME [Change] [Add] 43 STREET ADDRESS [Change] [Add] 44 CITY-ST-ZIP [Change] [Add] 51 TITLE [Change] [Add] 52 NAME [Change] [Add] 53 STREET ADDRESS [Change] [Add] 54 CITY-ST-ZIP [Change] [Add] 61 TITLE [Change] [Add] 62 NAME [Change] [Add] 63 STREET ADDRESS [Change] [Add] 64 CITY-ST-ZIP [Change] [Add]

500002818535--8 -03/25/99--01079--009 ****150.00 ****150.00

Handwritten signature and date: 3/23/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered

SIGNATURE: Sam Rached 03-23-99 (904) 9942443

CR2E034 (11/98)