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Mar 04, 1999 8:00 am
Secretary of State

0191363

PROFIT CORPORATION ANNUAL REPORT 1999



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

03-04-1999 90103 023 \*\*\*150.00

DOCUMENT # S59207

1. Corporation Name B JEWELERS, INC.



Principal Place of Business 36 NE 1ST STREET SUITE 234 MIAMI FL 33132 US
Mailing Address 36 NE 1ST STREET SUITE 234 MIAMI FL 33132 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip Country 25 Country 29 Zip Country 30

3. Date Incorporated or Qualified

06/11/1991

4. FEI Number 65-0275214 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

LERMAN, CARLOS D. ESQ. FIRST UNION FINANCIAL CENTER 20 FLOOR 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P BENSABAT, ELIAS DELETABLE
NAME BENSABAT, ELIAS
STREET ADDRESS 36 NE 1ST ST STE 234
CITY-ST-ZIP MIAMI FL

TITLE S BENSABAT, BECKY DELETABLE
NAME BENSABAT, BECKY
STREET ADDRESS 36 NE 1ST ST STE 234
CITY-ST-ZIP MIAMI FL

TITLE DELETABLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETABLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETABLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETABLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12'

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 305-358-1113

Date

Daytime Phone #

CRZE034 (11/98)