

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66639** (3)

1. Corporation Name
H. & A. JEWELRY COMPANY

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 5796 SUNSET DR SUITE 0-305 MIAMI FL 33143 US | 5796 SUNSET DR SUITE 0-305 MIAMI FL 33143 US |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/17/1991 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 65-0284001 | Applied For <input type="checkbox"/> 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 files liability for INTERESTING TAX UNDER S. 119.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A.
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131**

10. Name and Address of New Registered Agent

| | |
|----|--|
| B1 | Name |
| B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 | |
| B4 | City |
| B5 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | DP |
| NAME | HORN, LORY |
| STREET ADDRESS | 5796 SUNSET DR |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | DVP |
| NAME | DE BASTO, ANNA C. A. |
| STREET ADDRESS | 5796 SUNSET DR |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----|-----------------|---|
| 11 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME | |
| 13 | STREET ADDRESS | |
| 14 | CITY - ST - ZIP | |
| 21 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME | |
| 23 | STREET ADDRESS | |
| 24 | CITY - ST - ZIP | |
| 31 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME | |
| 33 | STREET ADDRESS | |
| 34 | CITY - ST - ZIP | |
| 41 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME | |
| 43 | STREET ADDRESS | |
| 44 | CITY - ST - ZIP | |
| 51 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME | |
| 53 | STREET ADDRESS | |
| 54 | CITY - ST - ZIP | |
| 61 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME | |
| 63 | STREET ADDRESS | |
| 64 | 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 110.07(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: Lory Horn Date: 4/21/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR