

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 JUN 30 PM 3: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 610799 (9)**

1. Corporation Name  
**BIJOUX, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>27001 US HWY 19 N SUITE 1030 CLEARWATER FL 34621</b>	Mailing Address <b>27001 US HWY 19 N SUITE 1030 CLEARWATER FL 34621</b>
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3. Date Incorporated or Qualified <b>02/22/1979</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1977568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. 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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SCHAFFER, WALTER L.  
2349 SUNSET POINT RD., SUITE 401  
CLEARWATER FL 33575**

10. Name and Address of New Registered Agent

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>CANDIRAM, SAROJ</b>
STREET ADDRESS	<b>2724 REDFORD CT. E. CLEARWATER FL</b>
CITY - ST - ZIP	
TITLE	<b>VTD</b>
NAME	<b>CHATANI, POKAR</b>
STREET ADDRESS	<b>795 N BAYSHORE BLVD SAFETY HARBOR FL</b>
CITY - ST - ZIP	
TITLE	<b>PD</b>
NAME	<b>CHANDIRAM, NARI</b>
STREET ADDRESS	<b>2724 REDFORD CT E. CLEARWATER FL</b>
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CHANDIRAM, SAROJ</b>
1.3 STREET ADDRESS	<b>(same)</b>
1.4 CITY - ST - ZIP	<b>SPELLING CORRECTED</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<b>0877127</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(a), 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 appointed 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: [Signature] DATE: 6/25/95 BY: 813746163