

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 243382 (9)

1. Corporation Name

TROPICAL JEWELERS INC



Principal Place of Business

1100 S.W. 57TH AVENUE
MIAMI FL 33144

Mailing Address

1100 S.W. 57TH AVENUE
MIAMI FL 33144

3. Date Incorporated or Qualified
01/02/1961

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 55 NE 1st Street

26 55 NE 1st Street

4. FEI Number

59-0916473

Applied For

Not Applicable

22 # 31

27 # 31

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 33132

25 Dade

29 33132

30 Dade

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKSMAN, SZMUL
1100 SW 57TH AVE
MIAMI FL 33144

81 Name

Waksman, Szmul

82 Street Address (P.O. Box Number is Not Acceptable)

55 NE 1st Street

83 # 31

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

Saul J. Waksman

1/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	WAKSMAN, SZMUL	
STREET ADDRESS	1100 SW 57TH AVE	
CITY, ST, ZIP	MIAMI, FL 00000	
TITLE	VDS	☐ DELETE
NAME	WAKSMAN, SAUL J.	
STREET ADDRESS	1100 SW 57TH AVE	
CITY, ST, ZIP	MIAMI, FL 00000	
TITLE	TD	☐ DELETE
NAME	OZIEL, EVA R.	
STREET ADDRESS	1100 SW 57TH AVE	
CITY, ST, ZIP	MIAMI, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	Waksman, Szmul	
3. STREET ADDRESS	55 NE 1st Street #31	
4. CITY, ST, ZIP	Miami, FL 33132	
5. TITLE	VDS	☒ Change ☐ Addition
6. NAME	Waksman, Saul J.	
7. STREET ADDRESS	55 NE 1st Street #31	
8. CITY, ST, ZIP	Miami, FL 33132	
9. TITLE	TD	☒ Change ☐ Addition
10. NAME	Oziel, Eva R.	
11. STREET ADDRESS	55 NE 1st Street #31	
12. CITY, ST, ZIP	Miami, FL 33132	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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(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.

SIGNATURE:

Saul J. Waksman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 305 377 3218

CR2E034 (12/95)