

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000023292 (2)**

1. Corporation Name  
**STYLE JEWELRY, INC.**



Principal Place of Business Mailing Address  
**36 N.E. 1ST STREET SUITE 712 MIAMI FL 33132**

3. Date Incorporated or Qualified **03/22/1995** 3a. Date of Last Report  
4. FEI Number **65-0579628** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**MORANTE, THOMAS F  
% ONE BISCAYNE TOWER, SUITE 3750  
TWO 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 OF REGISTERED AGENT (Typed or Printed Name of Registered Agent) DATE  
SIGNATURE OF CORPORATION (Typed or Printed Name of Registered Agent) DATE

**12. OFFICERS AND DIRECTORS**

12.1 NAME	<b>D VERDELLS, JOHN</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	<b>36 N.E. 1ST ST. SUITE 929 MIAMI FL 33132</b>	
12.3 CITY - ST - ZIP	<b>MIAMI FL 33132</b>	
12.4 NAME	<b>D PARSONS, DERRICK</b>	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	<b>36 N.E. 1ST ST. SUITE 929 MIAMI FL 33132</b>	
12.6 CITY - ST - ZIP	<b>MIAMI FL 33132</b>	
12.7 NAME	<b>D ELIANI, JACKI</b>	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS	<b>20185 E. COUNTRY CLUB DR. APT. 1501 N MIAMI BEACH FL 33180</b>	
12.9 CITY - ST - ZIP	<b>N MIAMI BEACH FL 33180</b>	
12.10 NAME	<b>D HALM, DAVID</b>	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS	<b>412 POINCIANA DRIVE HALLANDALE FL 33009</b>	
12.12 CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY - ST - ZIP		

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

13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	<b>VERDELLS, JOHN</b>
13.3 STREET ADDRESS	<b>2084 SEGOVIA Circle Coral Gables 33134</b>
13.4 CITY - ST - ZIP	<b>33134</b>
13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	<b>PARSONS, DEREK</b>
13.7 STREET ADDRESS	<b>1201 S. OCEAN DR APT 1902 S HOLLYWOOD FL 33019</b>
13.8 CITY - ST - ZIP	<b>33019</b>
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	

14. I, the undersigned, 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)(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, unchanged, or on an attachment with an address.

SIGNATURE: **Derek Parsons** 2/10/96 (305) 374 8666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)