SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000047838 (5)**

1. Corporation Name
JEWELS OF MIAMI, INC.

Principal Place of Business	Mailing Address
ONE NE FIRST ST METRO BLDG #L8 MIAMI FL 33132	ONE NE FIRST ST METRO BLDG #L8 MIAMI FL 33132

3. Date Incorporated or Qualified: **06/27/1994**
3a. Date of Last Report: **02/16/1995**

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

4. FEI Number: **65-0501099** ☐ 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

9. Name and Address of Current Registered Agent

MAKHIJA, SHER S
1 NE 1ST ST #L8
MIAMI FL 33132

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, type or print name of registered agent and title if applicable) (Name of person signing must be printed when required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAKHIJA, SHER S		1.2 NAME		
STREET ADDRESS	1 NE 1ST ST #L8		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAKHIJA, SHUSHMA		2.2 NAME		
STREET ADDRESS	1 NE 1ST ST #L8		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAKHIJA, JASBIR		3.2 NAME		
STREET ADDRESS	1 NE 1ST ST #L8		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAKHIJA, JOHNY S		4.2 NAME		
STREET ADDRESS	1 NE 1ST ST #L8		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

100001906981
-07/29/96--01017--032
***225.00

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JASBIR MAKHIJA 7/15/96 305 373 6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)