FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

officer or director of the corpolation or the Block 12 or Block 13 if changed, or on a

Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)BIJOUX TERNER, INC. Principal Place of Business Mailing Address 777 NW AVE 30045 777 NW 72 AVE 30045 MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1974 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-1548183 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired CC 3 66 45 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name TERNER, SALOMON 777 NW 72 AVE 30045 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 84 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, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition TERNER, SALOMON NAME 1.2 NAME 777 NW 72 AVE SUITE 30045 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition PAPIR. ROSA TERNER NAME 2901 S. BAYSHORE DRIVE APT. 9-B STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE TERNER, SALOMON NAME 3.2 NAME 777 NW 72 AVE SUITE 30045 STREET ADDRESS **33 STREET ADDRESS** MIAMI FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 8.4 CITY - ST - ZIP his illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mixed report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address. 14. I hereby certify that the information supplied indicated on this annual report or supplied

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