

FROM :

FAX NO. :

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91234 039 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000009287

1. Entity Name

GASTON JEWELRY STUDIO, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 36 NE 1st. Suite, Apt. #, etc. #851 City & State MIAMI, FLORIDA		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33132	Country US	Zip	Country

4. FEI Number 65-0572466	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name RIVES, GASTON	
Street Address (P.O. Box Number is Not Acceptable) 36 NE 1st Suite #851	
City MIAMI, FLORIDA	FL Zip Code 33132

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registrant and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

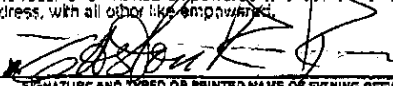
January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$87.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE P/S	NAME RIVES, GASTON	TITLE P/S	
STREET ADDRESS 36 NE 1st. #851		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL. 33132		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowers.

SIGNATURE:  DATE: 4-29-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR