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
4. FEI Number: 59-0916473 — 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
21 55 NE 1st Street
Suite, Apt. #, etc.
22 # 31
City & State
23 Miami, FL
Zip
24 33132
County
25 Dade

2a. Mailing Address
26 55 NE 1st Street
Suite, Apt. #, etc.
27 # 31
City & State
28 Miami, FL
Zip
29 33132
Country
30 Dade

9. Name and Address of Current Registered Agent
WAKSMAN, SZMUL
1100 SW 57TH AVE
MIAMI FL 33144

10. Name and Address of New Registered Agent
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 [signature] 1/25/95
Signature, typed or printed name of registered agent and title if any. NOTE: Registered Agent signature required when changing. DATE

12. OFFICERS AND DIRECTORS

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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Waksman, Szmul	
1.3 STREET ADDRESS	55 NE 1st Street #31	
1.4 CITY-ST-ZIP	Miami, FL 33132	
2.1 TITLE	VDS	☒ Change ☐ Addition
2.2 NAME	Waksman, Saul J.	
2.3 STREET ADDRESS	55 NE 1st Street #31	
2.4 CITY-ST-ZIP	Miami, FL 33132	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	Oziel; Eva R.	
3.3 STREET ADDRESS	55 NE 1st Street #31	
3.4 CITY-ST-ZIP	Miami, FL 33132	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/25/96 305 377 3218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)