

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:48

DOCUMENT # **250867** (9)

1. Corporation Name  
**MAYOR'S JEWELERS, INC.**

Principal Place of Business      Mailing Address  
**283 CATALONIA AVE**      **283 CATALONIA AVE**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/02/1961**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number      Applied For  
**59-0975486**       Not Applicable

22 Suits, Apt. #, etc.      27 Suits, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23 City & State      28 City & State

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

24 Zip      25 Country      29 Zip      30 Country

8. This corporation has liability for intangible tax under s. 194.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**GETZ, SAMUEL A**  
**283 CATALONIA AVE**  
**CORAL GABLES FL 33134**

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, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GETZ, IRVING
STREET ADDRESS	283 CATALONIA AVE
CITY, ST, ZIP	CORAL GABLES FL
TITLE	<del>CD</del>
NAME	<del>GETZ, SAMUEL</del>
STREET ADDRESS	<del>283 CATALONIA AVE</del>
CITY, ST, ZIP	<del>CORAL GABLES FL</del>
TITLE	V
NAME	GETZ, RICHARD
STREET ADDRESS	283 CATALONIA AVE.
CITY, ST, ZIP	CORAL GABLES FL
TITLE	<del>CD</del>
NAME	<del>IRVING GETZ</del>
STREET ADDRESS	<del>283 CATALONIA AVE</del>
CITY, ST, ZIP	<del>CORAL GABLES FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>CD</b>
23. STREET ADDRESS	<b>GETZ, SAMUEL A</b>
24. CITY, ST, ZIP	<b>283 CATALONIA AVE</b> <b>CORAL GABLES, FL</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>V</b>
43. STREET ADDRESS	<b>STEVE WALCZAK</b>
44. CITY, ST, ZIP	<b>283 CATALONIA AVE</b> <b>CORAL GABLES, FL 33134</b>
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110.07(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: **Samuel A. Getz**      4/7/95      (305) 444-4233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number