FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **309375** **(4)**

1. Corporation Name
ARTHUR'S WHOLESALE JEWELRY CO.

Principal Place of Business	Mailing Address
36 NE 1ST ST., STE 234 MIAMI FL 33132	36 NE 1ST ST., STE 234 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1966	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1162744	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KAPLAN,ARTHUR
36 NE 1ST ST., STE 234 (DECEASED)
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: LARRY KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable): 36 NE 1ST ST. STE. 234
83
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: Larry Kaplan PRESIDENT 3-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	✓Secretary ☐ Change ☒ Addition
NAME	~~KAPLAN, ARTHUR~~ (DECEASED)	12 NAME	✓Elise Kaplan
STREET ADDRESS	~~9200 SW 142 ST~~	13 STREET ADDRESS	✓8065 S.W. 107 Ave. #211
CITY-ST-ZIP	~~MIAMI, FL 00000~~	14 CITY-ST-ZIP	✓Miami, FL 33173
TITLE	V	21 TITLE	President ☐ Change ☒ Addition
NAME	KAPLAN, SANDRA	22 NAME	Larry Kaplan
STREET ADDRESS	~~8802 S.W. 150 PLACE CIR~~ 14000 SW 99 Ct.	23 STREET ADDRESS	10230 E. Calusa Club Dr.
CITY-ST-ZIP	~~MIAMI, FL~~ Miami, FL 33176	24 CITY-ST-ZIP	Miami, FL 33186
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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] 3/1/95 (305) 379-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133415 CP