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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 309375

(4)

1. Corporation Name

ARTHUR'S WHOLESALE JEWELRY CO.

Principal Place of Business

36 NE 1ST ST., STE 234
MIAMI FL 33132

Mailing Address

36 NE 1ST ST., STE 234
MIAMI FL 33132-2436

3. Date Incorporated or Qualified

09/26/1966

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Arthur's Wholesale Jewelry
Suite, Apt. #, etc.

2a. Mailing Address

26 36 NE 1st St., Ste 135
Suite, Apt. #, etc.

22 36 NE 1st St., Ste 135
City & State

27 36 NE 1st St., Ste 135
City & State

23 Miami, FL
Zip Country

28 Miami, FL
Zip Country

24 33132 25 USA

29 33132 30 USA

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

9. Name and Address of Current Registered Agent

KAPLAN, LARRY
36 NE 1ST ST., STE 234 135
MIAMI FL 33132

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 of agent or printed name of registered agent or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KAPLAN, LARRY
STREET ADDRESS 36 NE 1ST STREET, SUITE 234
CITY-ST-ZIP MIAMI, FL 00000

☐ DELETE

TITLE V
NAME KAPLAN, SANDRA
STREET ADDRESS 8802 S W 150 PLACE CIR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SEC
NAME KAPLAN, ELISE
STREET ADDRESS 8065 SW 107TH AVENUE, APT. 211
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 and typed or printed name of signing officer or director

1/31/97

305-379-0402

Date

Daytime Phone #

CR2E034 (9/96)