

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

APPROVED
AND
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95 MAY -1 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 424991

(8)

1. Corporation Name

RUBI JEWELRY, INC.

Principal Place of Business

Mailing Address

6536 NW 100TH ST.
HALEAH FL 33015

6536 NW 100TH ST.
HALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1537117

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

6. This corporation has liability for interjurisdictional under 6-198032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc

26 Suite, Apt. # etc

22 City & State

27 City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RUBI, ARMANDO~~
~~7215 N AUGUSTA DR.~~
~~MIAMI FL 33015~~

81 Name

RUBI JR. ARMANDO

82 Street Address (P.O. Box Number is Not Acceptable)

14629 GLENCAIRN RD.

83

84 City

MIAMI LAKES

FL

85

Zip Code

33016

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]

(Signature of Registered Agent required and filed with report)

4/21/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ~~DP~~
2. NAME ~~RUBI, ARMANDO~~
3. STREET ADDRESS ~~7215 N AUGUSTA DR.~~
4. CITY, ST, ZIP ~~MIAMI, FL 00000~~

1.1 TITLE ~~DP~~
1.2 NAME ~~RUBI, ARMANDO~~
1.3 STREET ADDRESS ~~7215 N AUGUSTA DR.~~
1.4 CITY, ST, ZIP ~~MIAMI, FL 00000~~

1. TITLE ~~DP~~
2. NAME ~~OLIVA, ROSA M.~~
3. STREET ADDRESS ~~7220 NO. AUGUSTA DR.~~
4. CITY, ST, ZIP ~~MIAMI, FL 00000~~

2.1 TITLE ~~DP~~
2.2 NAME ~~OLIVA, ROSA M.~~
2.3 STREET ADDRESS ~~7220 NO. AUGUSTA DR.~~
2.4 CITY, ST, ZIP ~~MIAMI, FL 00000~~

1. TITLE ~~DP~~
2. NAME ~~ARMANDO, RUBI JR.~~
3. STREET ADDRESS ~~7215 N AUGUSTA DR.~~
4. CITY, ST, ZIP ~~MIAMI FL~~

3.1 TITLE ~~DP~~
3.2 NAME ~~ARMANDO, RUBI JR.~~
3.3 STREET ADDRESS ~~7215 N AUGUSTA DR.~~
3.4 CITY, ST, ZIP ~~MIAMI FL~~

1. TITLE ~~DP~~
2. NAME ~~ARMANDO, RUBI JR.~~
3. STREET ADDRESS ~~7215 N AUGUSTA DR.~~
4. CITY, ST, ZIP ~~MIAMI FL~~

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6.1 TITLE ~~DP~~
6.2 NAME ~~ARMANDO, RUBI JR.~~
6.3 STREET ADDRESS ~~7215 N AUGUSTA DR.~~
6.4 CITY, ST, ZIP ~~MIAMI FL~~

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(2)(b), Florida Statutes. I further certify that the information contained 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

(Signature of Registered Agent required and filed with report)

ARMANDO RUBI JR.

4/21/95 (305) 824-0094

Daytime Phone #

90