

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:17

DOCUMENT # 468142 (5)

1. Corporation Name  
NERO JEWELRY, INC.

Principal Place of Business / Mailing Address  
6724 N UNIVERSITY DR.  
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date last reported to the State 12/30/1974	3a. Date of Last Report 02/15/1994
4. FEI Number 59-1611513	Applied For Post Application
5. Certificate of Status, Enclosed <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

NERO, TONY  
5716 NW 71ST AVE  
TAMARAC, FL  
33322

10. Name and Address of New Registered Agent

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0305, Florida Statutes.

SIGNATURE

Signature of the registered agent or the registered agent's authorized representative

Signature of the registered agent or the registered agent's authorized representative

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	VD NERO, LEONARD	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8411 NW 29TH ST	1.2 NAME	
CITY, ST, ZIP	SUNRISE, FL 00000	1.3 STREET ADDRESS	
DATE	PD	1.4 CITY, ST, ZIP	
NAME	NERO, TONY	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5716 NW 71ST AVE	2.2 NAME	
CITY, ST, ZIP	TAMARAC, FL 00000	2.3 STREET ADDRESS	
DATE		2.4 CITY, ST, ZIP	
NAME		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
DATE		3.4 CITY, ST, ZIP	
NAME		4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
DATE		4.4 CITY, ST, ZIP	
NAME		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
DATE		5.4 CITY, ST, ZIP	
NAME		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
DATE		6.4 CITY, ST, ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and does not comply for the registration stipulated in law (Part 1 of 96). I hereby certify that I have read and approve the information on this report and that my signature shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: X

*Tony Nero* President  
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR AUTHORIZED REPRESENTATIVE

2-10-95 721-6750  
DATE