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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:04

DOCUMENT # **526232** **(4)**

1. Corporation Name
ASSOCIATED JEWELRY, INC.

Principal Place of Business	Mailing Address
36 N.E. 1ST STREET SEYBOLD BUILDING, SUITE 309 MIAMI FL 33132	36 N.E. 1ST STREET SEYBOLD BUILDING, SUITE 309 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1977
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1846512 ☐ 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

CHIN-A-YOUNG, J. ANTHONY
36 N.E. 1ST STREET
SEYBOLD BLDG., SUITE 309
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: Jonathan R. Rubin
82 Street Address (P.O. Box Number is Not Acceptable): 9350 S. Dixie Highway, At-2
83
84 City: Miami FL 85 Zip Code: 33156

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: Jonathan R Rubin 2/17/95
(Signature(s) and 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	PD	1.1 TITLE	PDC	☒ Change ☐ Addition
NAME	CHIN-A-YOUNG, J. ANTHONY	1.2 NAME	CHIN-A-YOUNG, NORMA L.	
STREET ADDRESS	13400 S.W. 108 PL	1.3 STREET ADDRESS	13400 S.W. 108 PL	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VSD	2.1 TITLE	V.D	☒ Change ☐ Addition
NAME	CHIN-A-YOUNG, NORMA	2.2 NAME	CHIN-A-YOUNG, ANTHONY L.	
STREET ADDRESS	13400 S.W. 108 PL	2.3 STREET ADDRESS	13400 S.W. 108 PL	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		3.1 TITLE	TREASURER DIRECTOR TD	☐ Change ☒ Addition
NAME		3.2 NAME	CHIN-A-YOUNG, NICHOLAS	
STREET ADDRESS		3.3 STREET ADDRESS	13400 S.W. 108 PL	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		4.1 TITLE	SECRETARY DIRECTOR SD	☐ Change ☒ Addition
NAME		4.2 NAME	CHIN-A-YOUNG, KAREN	
STREET ADDRESS		4.3 STREET ADDRESS	13400 S.W. 108 PL	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Norma Chin-A-Young NORMA CHIN-A-YOUNG Date (305) 379 6951
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Daytime Phone #

0133302 CP