

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 11 1996 8:00 am
Secretary of State

DOCUMENT # 526232 (4)

1. Corporation Name

ASSOCIATED JEWELRY, INC.

Principal Place of Business

36 N.E. 1ST STREET
SEYBOLD BUILDING, SUITE 309
MIAMI FL 33132

Mailing Address

36 N.E. 1ST STREET
SEYBOLD BUILDING, SUITE 309
MIAMI FL 33132

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 02/21/1977 | 3a. Date of Last Report 03/10/1995 |
| 4. FEI Number 59-1846512 | Applied For Not Applicable |
| 5. Certificate of Status Desired <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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, JONATHAN R.
8350 S DIXIE HWY AT2
MIAMI FL 33156

| |
|---|
| 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, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PDC CHIN-A-YOUNG, J. ANTHONY 13400 S.W. 108 PL MIAMI FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VD CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI FL | 1.2 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | TD CHIN-A-YOUNG, NICHOLAS 13400 SW 108 PL MIAMI FL | 1.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP | SD CHIN-A-YOUNG, KAREN 13400 SW 108 PL MIAMI FL | 1.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> DELETE | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(k), 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 L. Chin-A-Young NORMA L. CHIN-A-YOUNG

3-5-96

305-3796921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)