## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 526232

(4)

ASSOCIATED JEWELRY, INC.

| FILED              |
|--------------------|
| Apr 02 1997 8:00am |
| Secretary of State |



| Principal Piace of Business Mailing Address                           |  |  |                    |        |                                |   | -                           |                               |  |
|---|--|--|--------------------|--------|--------------------------------|---|-----------------------------|-------------------------------|--|
| 36 N.E. 1\$T STREET<br>\$EYBOLD BUILDING. SUITE 309<br>MIAMI FL 33132 |  | 36 N.E. 1ST STREET<br>SEYBOLD BUILDING, SUITE 309<br>MIAMI FL 33132-2403 |                    |        |                                | ,   |                             |                               |  |
|   |  | MINHIN ( TO WOLLD BY THE   |                    |        |                                | 3. Date Incorporated or Qualified 02/21/1977  | 3a. Date of La<br>03/11/198 |                               |  |
|   | lace of Business                               | 2a, Mailing Address<br>26  |                    |        |                                | 4. FEI Number 59-1846512  |                             | Applied For<br>Not Applicable |  |
| Suite Apt   | # etc  | Suite. Apt. #, etc.  |                    |        |                                | □ \$8.  | 75 Additional               |                               |  |
| 22  |  | 27   |                    |        |                                | 5. Certificate of Status Desired  |                             | e Required                    |  |
| City & Stat   | С  | City & State   |                    |        | 6. Election Campaign Financing |   | .00 May Be                  |                               |  |
| <b>23</b> Ζμι   | Country  | <b>28</b> Zip  | Co                 | untry  | ·                              | Trust Fund Contribution  8. This corporation has liability for it   |                             | ded to Fees                   |  |
| 24  | 25   | 29   | 30                 | •      |                                |   | Yes No                      | 161 S. 153.00E,               |  |
|   | 9, Name and Address of Curr                    | ent Registered Agent   |                    | 81     | Name                           | 10. Name and Address of New Re  | stered Agent                |                               |  |
|   | Rubin, Jonathan R.                             |  |                    |        |                                |   |                             |                               |  |
|   | S DIXIE HWY AT2                                |  |                    | 82     | Street Add                     | res (P.O. Box Number is Not Acceptab  | e)                          |                               |  |
| MIAI  | VII FL 33156                                   |  |                    | 83     |                                |   | <del></del>                 | <del></del>                   |  |
|   |  |  |                    |        |                                |   | <del></del>                 |                               |  |
|   |  |  |                    | 84     | City                           |   | FL  85                      | Zip Code                      |  |
| 11, Pursuant  | to the provisions of Sections 607.0            | 502 and 607.1508, Florida Sta  | itutes, the a      | bove   | e-named cor                    | poration submits this statement for the p<br>tion's board of directors. I hereby accep  | urpose of chang             | ing its registered            |  |
| agent La  | ini familiar with, and accept the obt          | igations of, Section 607.0505.   | Florida Sta        | tutes  | 6.                             | most a board of directors. Thereby accep  | t trie appointmen           | it ha registored              |  |
| SIGNATURE   | <u> </u>                                       |  |                    |        |                                |   |                             |                               |  |
| 12.   | Solic 6 Palani procedent Chapmeed:  Officers A | agent and title if appoinable (IND DIRECTORS                             | NOTE: Hegisteri    | ed Age | ant signature requ             | ired when reinstating)  ADDITIONS/CHANGES TO OFFIC  | DATE<br>FRS AND DIREC       | TORS IN 12                    |  |
| *IIL4   | <b>V</b> D                                     | ☐ DELETE   | 1.17               | ITLE   |                                |   | Cha                         |                               |  |
| NAME.   | CHIN-A-YOUNG, ANTHONY I                        | ••   | 1.21               | IAME   |                                |   |                             |                               |  |
| STREET ADDRESS  | 13400 SW 108 PLACE                             |  | 1.3 \$             | TREET  | ADDRESS                        |   |                             |                               |  |
| CHY-SI-ZIP  | MIAMI FL<br>PDC                                | DELETE   |                    |        | it-zip                         |   |                             | na. Addition                  |  |
| THUE<br>NAME  | CHIN-A-YOUNG, NORMA                            | r nerese   | 21 T<br>2.21       |        | ĺ                              |   | Cha                         | ange L Addition               |  |
| STHEET ADDRESS  | 13400 S.W. 108 PL                              |  | 1                  |        | ADDRESS                        |   |                             |                               |  |
| CHY-ST ZIF  | MIAMI FL                                       |  |                    |        | ST-ZIP                         |   |                             |                               |  |
| Titlef  | TD   | DELETE   | 3.1 T              | ITLE   |                                |   | ☐ Cha                       | ange 🔲 Addition               |  |
| NAME  | CHIN-A-YOUNG, NICHOLAS                         |  |                    | AME    |                                |   |                             |                               |  |
| STREET ADDRESS  | 13400 SW 108 PL<br>MIAMI FL                    |  | 1                  |        | ADDRESS                        |   |                             |                               |  |
| CHY SI-ZE<br>Dist   | SD   | ☐ DELETE   | 3 <b>4</b> . 4 1 T |        | ST · ZIP                       |   | Chi                         | ange Addition                 |  |
| NAME  | CHIN-A-YOUNG, KAREN                            | L. Dettit  | 1                  | NAME   |                                |   | band One                    | regr. Board Florening)        |  |
| STREET ZUDRESS  | 13400 SW 108 PL                                |  |                    |        | ADDRESS                        |   |                             |                               |  |
| (311× - \$1 - 25)   | MIAMI FL                                       |  |                    |        | ST-ZIP                         |   |                             |                               |  |
| 1(1.F   |  | ☐ DELÉTE   | 5.17               | ITLE   |                                |   | Cha                         | ange Addition                 |  |
| NAMI  |  |  |                    | IAME   |                                |   |                             |                               |  |
| STREET ADDRESS  |  |  |                    |        | ADDRESS                        |   |                             |                               |  |
| Oth St-zil:   |  | DELETE   | 5.4 C<br>6.1 T     |        | ST-ZIP                         |   | [] Cha                      | ange Addition                 |  |
| NAV:  |  | Setting Control  |                    | IAME   | -                              |   | - C-10                      | العامد المساور                |  |
| STREET ADjourning   |  |  |                    |        | ADDRESS                        |   |                             |                               |  |
| City-S1-7iP   |  |  | 6.4 (              | ITY-S  | IT-ZIP                         |   |                             |                               |  |
|   |  |  |                    |        |                                | the or the part (a) (the part | 4 4 41                      | 11 1 11                       |  |

I dis Fereby 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 office 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-YOWE 3.24.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-3796921 Daytru Minne +