Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90106 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

ACCOCIATED IEWELRY INC

ASSOCIATED SEWELFIT, INC.					
Principal Place	e of Business	Mailing Address			' <u>y athal minii diali bib</u> ai midii lout
36 N.E. 1ST STREET 36 N.E. 1ST STREET		· ·			
SEYBOLD BUILDING. SUITE 309 SEYBOLD BUILDING. SUITE			30 9		
MIAMI FL 33132 MIAMI FL 33132			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	
				02/21/1977	
2. Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26	·	59-1846512	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip _	Country	8. This corporation owes the current year	
24	25	29 3		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	u Agent
RUBIN, JONATHAN R.			o i Name		
	ELAND TOWERS NO		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
		3			·
9200 SO DADELAND BLVD SUITE 603)	83		
MIAMI FL 33156			84 City		85 Zip Code
				F	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was auti	norized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F			Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIN-A-YOUNG, ANTHONY L.		4.0 N 14425		
STREET ADDRESS	13400 SW 108 PLACE		1.2 NAME		
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		
TITLE					
	PDC	☐ DELETE	1.3 STREET ADDRESS		☐ Change ☐ Addition
NAME	PDC CHIN-A-YOUNG, NORMA	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS		☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
1	CHIN-A-YOUNG, NORMA	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		
STREET ADDRESS	CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP	CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI FL TD		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI FL TD CHIN-A-YOUNG, NICHOLAS 13400 SW 108 PL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI FL TD CHIN-A-YOUNG, NICHOLAS		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI FL TD CHIN-A-YOUNG, NICHOLAS 13400 SW 108 PL MIAMI FL SD CHIN-A-YOUNG, KAREN 13400 SW 108 PL	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
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CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: /

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

1.12.99

305-3796921