

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

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 586575 (3)**

1. Corporation Name  
**FINLAY'S IMPORT-EXPORT, INC.**



Principal Place of Business <b>8700 NORTHWEST 7 AVENUE MIAMI FL 33179</b>	Mailing Address <b>8700 NORTHWEST 7 AVENUE MIAMI FL 33150 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**09/15/1978**

4. FET Number  
**59-1849620** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**TAYLOR, ROY L.  
155 SOUTH MIAMI AVENUE, PEHTHOUSE 1  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLAY, LLOYD</b>	1.2 NAME	
STREET ADDRESS	<b>4161 NW 26TH ST #306</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLAY, WENDY</b>	2.2 NAME	
STREET ADDRESS	<b>9571 W. DAFFODIL LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLACEY, KAREN</b>	3.2 NAME	<b>SD Willacey, Karen</b>
STREET ADDRESS	<b>121 N 63 AVE</b>	3.3 STREET ADDRESS	<b>121 N 63 Ave</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	<b>Hollywood FL</b>
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, DERREN</b>	4.2 NAME	
STREET ADDRESS	<b>17121 NW 16TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *L. K. [Signature]* 1/15/98

CR2E034 (10/97)