

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

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 640912 (2)
 1. Corporation Name
SOUTHERNMOST JEWELRY, INC.



Principal Place of Business
**2800 N ROOSEVELT BLVD
 KEY WEST FL 33040
 US**

Mailing Address
**2800 N ROOSEVELT BLVD
 KEY WEST FL 33040-4065
 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1979	3a. Date of Last Report 03/19/1996
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-1945346	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GARCIA JR, ROBERT 2800 N ROOSEVELT BLVD KEY WEST FL 33040		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85

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: _____ (NAME) Registered Agent; signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD GARCIA JR, ROBERT <input type="checkbox"/> DELETE	13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	1110 17TH TERRACE	13.2 NAME	
12.3 CITY-STATE-ZIP	SUGARLOAF KEY FL	13.3 STREET ADDRESS	
12.4 TITLE	VTD <input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP	Key West FL 33040
12.5 NAME	GARCIA, MIRTA <input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	1110 17TH TERRACE	13.6 NAME	
12.7 CITY-STATE-ZIP	KEY WEST, FL 00000	13.7 STREET ADDRESS	
12.8 TITLE	SD <input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP	
12.9 NAME	GARCIA, JULIAN ROBERTO <input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS	1110 17TH TERRACE	13.10 NAME	
12.11 CITY-STATE-ZIP	KEY WEST, FL 00000	13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP	
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY-STATE-ZIP		13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP	
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY-STATE-ZIP		13.19 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP	

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE: _____ **1/11/97 (205) 294-6756**
 SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CR2E034 (9/96)