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**APPROVED
AND
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95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F71706**
1. Corporation Name
A LONDON JEWELRY, INC.
55 N.E. 1 STREET STE 2
MIAMI, FL 33132-2428

Principal Place of Business Mailing Address
55 N.E. 1 STREET STE 2
MIAMI, FL 33132-2428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 30
21 **55 N.E. 1 STREET** 25 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#2** 27
City & State City & State
23 **MIAMI, FL** 28
zip Country zip Country
24 **33132** 25 **DADE** 29

3. Date Incorporated or Qualified **3/01/82** 3a. Date of Last Report **8/6/94**
4. FEI Number **59-2163375** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent
MERCEDES PARRA
55 N.E. 1 STREET STE 2
MIAMI FL 33132

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 X *Mercedes Parra*
Signature typed or printed name of registered agent and the # of stock owned FEI#311 Registered Agent (signature required when registering) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | D |
| NAME | MERCEDES PARRA |
| STREET ADDRESS | 55 N.E. 1 STREET STE 2 |
| CITY, ST, ZIP | MIAMI, FL 33132 |
| TITLE | D |
| NAME | JOSE A PARRA <i>MP</i> |
| STREET ADDRESS | 55 N.E. 1 STREET STE 2 |
| CITY, ST, ZIP | MIAMI, FL 33132 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | 100001478151 |
| 23 STREET ADDRESS | -05/08/95--01017--008 |
| 24 CITY, ST, ZIP | ***200.00 ***200.00 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

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 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Mercedes Parra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/11/95** DATE **305) 3146572** TELEPHONE #