## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE

COR ANNU	PROFIT PORATION JAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUI 1. Corporation	MENT #	F71706	(8)						
A LON	don Jewelry	, INC.							
Principal Place 55 N.E. 1 ST SUITE 2 MIAMI FL 33 US	TREET	·	Mailing Address 55 N.E. 1 STREET SUITE 2 MIAMI FL 33132-2428 US				3. Date Incorporated or Qualified	3a. Date of La	ist Report
	ice of Business		a. Mailing Address				03/02/1982 4. FEI Number	05/01	/1995 Applied For
Suite, Apt.	N.E. 1 5	TABET 26	Suite, Apt. #, etc.				59-2163375		Not Applicable
	18 16	2	· ¬				5. Certificate of Status Desired		.75 Additional ee Required
Oity & State 23 700		28	City & State				Election Campaign Financing     Trust Fund Contribution	1 1	5.00 May Be
Zm	33/32 25 Col	intry 1. S. A 28	Z <sub>ip</sub> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Country			This corporation has liability for Florida Statutes      Yes		
	· · · · · · · · · · · · · · · · · · ·	dress of Current Reg		30			10. Name and Address of New F		<b>1</b>
DADDA	MEDOEDEO			81	Name	•			
	MERCEDES 1 STREET			82	Street	Addres	s (P.O. Box Number is Not Acceptab	ole)	
	5 4518 1	6		83					
MIAMI F	L 33132			84	City			<b>—</b> 85	Zip Code
11. Pursuant t or register f contact vet	o the provisions of Seed agent, or both, in	ections 607,0502 and the State of Florida Su	607.1508, Florida Statutes, ich change was authorized	the above-r by the corp	named o oration's	corporati s board	on submits this statement for the pur of directors. I hereby accept the app	PL pose of changing ointment as regist	its registered office ered agent. I am
SIGNATURE									
12.	Signature, typed or printed n	one of registered agent and tide OFFICERS AND DIR		Registereo Agen	t signature	w Белирет	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
Tru-	D		☐ DELETE		1.1 TITLE 12			<b>Д⊠</b> Cha	
NAME	PARA, MERCE			1.2 NAME	1.2 NAME		RA, MERCEDES ME. 15 T SMEET	r _ar/6	
STREET ACADRESS Only - ST - Zip	MIAMI FL	55 NE 1ST ST. #2 MIAMI FI		1.3 STREET ADDRESS 53		27	DMS, FL35132	7.7.	
T-'LF			DELETE	2 1 TITLE	1-215	/	<i><b>27.427.637.72</b></i>	☐ Cha	nge 🔲 Addition
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STROLY ADDRESS				2.3 STREE1					
COTY STORY Talk			DELETE	2 4 CITY - S 3 1 TITLE	T - ZIP	1		☐ Cha	nge Addition
NAME				3 2 NAME				_	_
STREET ADDRESS				33 STREET	ADDRESS	;			
CHYSTZP			DELETE	3.4 CITY - S	T-ZIP	ļ		Cho.	nge 🔲 Addition
10°LE NAME			Dere te	4. 1 TITLE 4.2 NAME			Jan 1985	☐ Cha	ige Magnitori
STREED ADDRESS				4.3 STREET	ADDRESS				
CHY-51-71P				4.4 CITY - S	T - ZIP				
TILE			DELETE	5 1 TITLE				☐ Cha	nge 🔲 Addition
NAM- STREET ADDRESS				5 2 NAME 5 3 STREET	Anneree				
CHY S1-ZIP				5 3 STREET					
TIME			☐ DELETE	6 1 TITLE		1		Cha	nge 🔲 Addition
NAME				6 2 NAME					
STREET ADDRESS				63 STREET	ADDRESS				

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 119.07(3)(k), Florida Statutes. I further cortly 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 orth, 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: X Mulls ComoSIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 305-374-6392 Date Destrict Proper CR2E034 (12/95)