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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F83823 (7)

1. Corporation Name:
SERGIO'S JEWELLER, CORP.

Principal Place of Business: **750 E 1ST AVENUE HIALEAH FL 33010**

Mailing Address: **750 E 1ST AVENUE HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1982**

3a. Date of Last Report: **03/30/1994**

4. FEI Number: **59-2200893**

5. Certificate of Status Expires: **\$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. 199.33C Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt. # etc: 22 City & State: 23

2a. Mailing Address: 26 State Apt. # etc: 27 City & State: 28

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9. Name and Address of Current Registered Agent

VAZQUEZ, SERGIO
509 S. ROYAL POINCIANA BLVD. #108
MIAMI SPRINGS FL 33166

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 609.01(1)(b) and 607.19(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both to the State of Florida. Such change was authorized by the corporation's Board of Directors, thereby in effect the appointment as registered agent. Such Service with and accept the jurisdiction of the State of Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
1. NAME	PD VAZQUEZ, SERGIO	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	633 S. ROYAL POINCIANA, #108	2. STREET ADDRESS	
3. CITY	MIAMI SPGS, FL 00000	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(1)(b), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report in this and in each state 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 person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, if changed, on an affidavit with an address.

SIGNATURE:  **4-26-95** **227-2120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR