SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



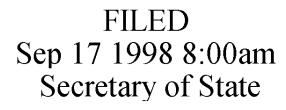
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

F96000005833 (6)



CANDEL	A JEWELNI ING							
Principal Place of Business Mailing A			ng Address			T TOBSIDE SILD ADILO SILIL ODICI ORESI DI	bert garne d'ande beene racen preparent en c	
4507 NW 103RD AVENUE 4507 NW 103 SUNRISE FL 33351 SUNRISE FL								
						DO NOT WRITE I	N THIS SPACE	
						3. Date Incorporated or Qualified		
2 Principal Pi	lace of Business	2a, Mailing Add	race			11/07/1996 4. FEI Number	Applied For	
21	lace of pusitions	26	1033			13-2976407	Not Applicable	
		Apt. #, etc.				\$8.75 Additional		
22						5. Certificate of Status Desired	Fee Required	
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be		
		28	8			Trust Fund Contribution	Added to Fees	
Zip	Country Zip		C	Country		8. This corporation owes or has paid	the current year Intangible	
24	25	29	30			Personal Property Tax due June 3		
<u> </u>	9. Name and Address of	Current Registered Agent		81		10. Name and Address of New Regi	stered Agent	
WEAVER, JEFFERSON H					Name			
871 EAST COMMERCIAL BOULEVARD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33334				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)					gent signature requi	ired when reinstating)	DATE	
12.		ERS AND DIRECTORS	13	١,		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PCD	∐ D	ELETE 1.1	TITLE			Change Addition	
NAME	KOCHMAN, THOMAS H		1.2	NAME	Ì		18	
STREET ADDRESS	22 HALF MILE ROAD		1.3 3	STREET	ADDRESS		1 1	
CITY-ST-ZIP	ARMONK NY 10504			CITYST	-ZIP			
TITLE	TD	∐ 0	LLCIL	TITLE			L. Change L Addition	
NAME	KOCHMAN, RHONA			NAME				
STREET ADDRESS	22 HALF MILE ROAD		1		ADDRE\$S		9	
CITY-ST-ZIP TITLE	ARMONK NY 10504 VD			CITY-ST	ZIP			
NAME	CANDELA, ANTONIO	ם () ס		NAME			Change Addition	
	AGUAR ALLIES BARRETTE CONTRACTOR CONTRACTOR				*000000			
STREET ADDRESS CITY-ST-ZIP	SPAIN	IN, TOUR, TALEITUIA		CITY-ST	ADDRESS			
TITLE	SVC			IITLE	211		Change D 1449ing	
NAME	CANDELA, ANDRES	ال	LCCIL	NAME			Change Addition	
STREET ADDRESS	AAAA AAAA AAAA AAAA			4.3 STREET ADDRESS				
CITY-ST-ZIP SPAIN				CITY-ST				
TITLE	D	П		TITLE	Eu.		Change Addition	
NAME	ROSES, EDUARDO M			NAME			C Cuanda C Vooings	
STREET ADDRESS	CALLE 153 NO. 3, 4618	2 LA CANYADA			ADDRESS			
CITY-ST-ZIP	VALENCIA, SPAIN	L LI VAITAVA		CITY-ST-				
TITLE	TO SERVICE STREET	Пъ		TITLE			Change Addition	
NAME				NAME			C CHANGE C TOOROTT	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-ST-		•		
	rtify that the Information suppl	lied with this filing does not a				ion 110 07/2Vi) Florida Statutos I further	portiful that the information	

increase 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 standard 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 frustee 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.

9/10/98