

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G07405** (5)

1. Corporation Name  
**ESTATE JEWELRY INC.**



Principal Place of Business: **% LOUIS P. DESTRO, 1 NE 1ST STREET, SUITE 215, MIAMI FL 33132, US**  
Mailing Address: **% LOUIS P. DESTRO, 1 NE 1ST STREET, SUITE 215, MIAMI FL 33132, US**

3. Date Incorporated or Qualified: **11/03/1982**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **59-2733475**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. State, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DESTRO, LOUIS P.  
1 NE 1ST ST  
STE 215  
MIAMI FL 33132**

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1.2 NAME	1.2 NAME	
CITY-STATE	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
ZIP	1.4 CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	
TITLE	2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-STATE	2.4 CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
TITLE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-STATE	3.4 CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	
TITLE	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-STATE	4.4 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-STATE	5.4 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
TITLE	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-STATE	6.4 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: **LOUIS P. DESTRO, PRES.** 2-8-96 (305) 381-8522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)