FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G16626** **(5)**

1. Corporation Name

LES PLUS WATCHES & JEWELRY, INC.

Principal Place of Business

~~30 E 46TH ST~~
NEW YORK NY 10021
US

Mailing Address

~~26TH E 46TH STREET~~
2ND FLOOR
NEW YORK NY 10021
US

3. Date Incorporated or Qualified: **12/20/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2338648** ☐ 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
21 390 Fifth Avenue
Suite, Apt. #, etc.
22 Suite 500
City & State
23 New York, NY
Zip 24 10018 Country 25 U.S.A.

2a. Mailing Address
26 390 Fifth Avenue
Suite, Apt. #, etc.
27 Suite 500
City & State
28 New York, NY
Zip 29 10018 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

JORGE TODOROFF, CPA
~~9360 SUNSET DR, SUITE 212~~
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9360 Sunset Drive
83 Suite 212
84 City Miami FL 85 Zip Code 33173

11. Pursuant to the provisions of Sections 607.0402 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	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	AZAR,PETRA		12 NAME	
STREET ADDRESS	6020 LOWER MOUNTAIN RD.		13 STREET ADDRESS	
CITY-ST-ZIP	NEW HOPE PA		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	AZAR, CHARLES		22 NAME	
STREET ADDRESS	6020 LOWER MOUNTAIN RD.		23 STREET ADDRESS	
CITY-ST-ZIP	NEW HOPE PA		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FELLER, HOWARD		32 NAME	
STREET ADDRESS	26TH E 46TH STREET		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			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 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 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: _____ Howard Feller 2/5/96 (212)244-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)