

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

pg. 10/32

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 JUL 15 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G49365

(1)

1. Corporation Name
LUXURY WATCH CO., INC.



Principal Place of Business

25 SE 2ND AVE #207
25 SE 2ND AVE #207
MIAMI FL 33131
US

Mailing Address

25 SE 2ND AVE. #207
25 SE 2ND AVE 207
MIAMI FL 33131-1508
US

3. Date Incorporated or Qualified
07/11/1983

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. F.L.I. Number
59-2316104

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

9. Name and Address of Current Registered Agent

ZAINAB, ODHWANI
25 S.E. 2ND. AVE. #207
MIAMI FL 33131

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 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ST
ZAINAB, ODHWANI
25 SE 2ND AVE #207
MIAMI, FL 00000

TITLE ☐ DELETE

NAME
PD
ODHWANI, NAZMIN M.
25 SE 2ND AVE #207
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby 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 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 in an attachment with address.

NAZMIN ODHWANI

6/23/97

6/23/97

CR2E034 (9/96)

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July 10, 1997

Florida Department of State
Secretary of State
Division of Corporations

**Reference: Galaxy International Inc.
Luxury Watch Co., Inc.
Prince Cleaners Inc.**

Please find enclosed the 1997 Annual Report with the checks for the above referenced client. These Annual Reports are filed late because of my health related problem. I would appreciate if you would waive the late charges. Also enclosed, please find a statement from my doctor regarding my medical condition.

If you need additional information, please do not hesitate to contact me.

Thank you,

Nazmin Odhwani

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Instructions: Form must be signed by the Primary Care Physician. Please Fill in the appropriate lines. Purpose must be stated. Copy shall be made for client's Chart.

✓ Client was seen at SAWGRASS FAMILY MEDICAL CENTER on the date(s) of:
5/20/97, 5/29/97, 6/17/97, 6/27/97

diagnoses: Intermittent Acute Conty Arthritis

He/She MAY NOT return to work/school until

This form was completed for the stated purpose of:

7/7/97
Date

I understand that the above Information is for my medical/social welfare and I give my consent to the release of this information. I will be responsible for the re-release of this information.

Note: THIS LETTER IS NOT A DETERMINATION OF PERMANENT DISABILITY
(A copy of this Multipurpose Form becomes a part of the Patient's
Health Care Medical Record).