

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

FILED

Apr 10 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|----|---|--|
| DOCUMENT # G54746 (4) | | | |
| 1. Corporation Name PREMIER JEWELRY INC. | | | |
| Principal Place of Business 36 NE FIRST ST., STE 211 MIAMI FL 33132 | | Mailing Address 36 NE FIRST ST., STE 211 MIAMI FL 33132-2422 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | 3. Date Incorporated or Qualified 08/18/1983 | |
| Suite, Apt. #, etc. | | 3a. Date of Last Report 04/16/1996 | |
| 22 | 27 | 4. FEI Number 59-2317437 | |
| City & State | | Applied For Not Applicable | |
| 23 | 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | 25 | 29 | |
| Country | | 30 | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KASSAB, SASSON 36 NE 1ST STREET SUITE 211 MIAMI FL 33132 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE | | | |
| 1.2 NAME TDS | | | |
| 1.3 STREET ADDRESS KASSAB, SASSON | | | |
| 1.4 CITY-ST-ZIP 36 NE 1ST ST. S211 | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | |
| 2.2 NAME PD | | | |
| 2.3 STREET ADDRESS MIRET, GERMAN J | | | |
| 2.4 CITY-ST-ZIP 36 NE 1ST ST. S211 | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | |
| 3.2 NAME MIAMI, FL 00000 | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address. | | | |
| SIGNATURE: SASSON KASSAB 4/8/97 205-3714141 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



CR2E034 (9/96)