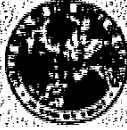


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 10:02

DOCUMENT # **H05744** (8)

1. Corporation Name  
**R.P.B. JEWELRY, INC.**

Principal Place of Business  
**224 WORTH AVENUE  
PALM BEACH FL 33480**

Mailing Address  
**224 WORTH AVENUE  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/11/1984** 3a. Date of Last Report **01/21/1984**

4. FEI Number **59-2406652** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARON, RICHARD  
1125 NE 125TH STREET  
SUITE #350  
NO. MIAMI FL 33161**

01 Name **Stuart B. Klein**

02 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 400B 1551 Forum Place**

03 **West Palm Beach, Florida 33401**

04 City **FL** 05 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 *Stuart B. Klein* **Stuart B. Klein, Reg. Agent** DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHTER, STEFAN B.</b>	1.2 NAME	
STREET ADDRESS	<b>224 WORTH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHTER, DUDLEY</b>	2.2 NAME	
STREET ADDRESS	<b>4003 HILLSBORO RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHTER, PHYLLIS A.</b>	3.2 NAME	
STREET ADDRESS	<b>224 WORTH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ASD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARON, RICHARD</b>	4.2 NAME	<b>DELETE RICHARD BARON</b>
STREET ADDRESS	<b>1125 NE 125TH ST. #350</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(b), 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: *Stefan B. Richter* **Stefan B. Richter** 4/4/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Year)