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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT	se	poretary of State NOF CORPORATIONS	May 01 1996 Secretary of S	
DOCUMENT # F			Secretary of C	riale
K + A ADRIANI	es Jewelens Inc	· .		
Principal Place of Business	Müling Address			
4883 N. A.	·1-A	SAME		
VERO BEACH.	FL 3×963		4/11/85	te of Last Report
2. Principal Prace of Business	2a. Mailing Address		4. FEI Number 59-2530017	Applied For Not Applicable
21 4883 N. A Suite, Apt. #, etc	1 - A 26 Suite, Apt #, e	5 AME	5. Certificate of Status Desired	\$8.75 Additional
22	27		6. Election Campaign Financing	Fee Required \$5.00 May Be
City & State	City & State	<u>-</u>	Trust Fund Contribution	Added to Fees
	buntry <u>L Zip</u>	Country	This corporation has liability for intangible Florida Statutes	tax under s 199 032;
24 3 ×96 3 25	USA 29	<u> </u>	Florida Statutes Yes No. 10. Name and Address of New Registered	1 Agent
9. Name and A	ddress of Current Registered Agent	81 Name		
	11	82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
ASADOURI	AN KATCH H.			
4883 NA	1-A	83		7 - Codo
VERO BEACH FL 37963 84 City			F	
or registered agent, or both, in familiar with, and accept the signature by add parties.	obligations of, Section 607,0505, Florida S	CROIL Rig condition agratine reg	poration submits this statement for the purpose of coard of directors. Thereby accept the appointment of the purpose of coard of directors. Thereby accept the appointment of the purpose	ND DIRECTORS IN 12
THUE ACCOUNT	N. A-1-A	TE 1 : TITLE	PIDIT	Change Addition
NAME ASADOVI	KI A-I-A	1.2 NAME	, , - , -	
$1 \qquad 1 \qquad V \in R \land J$	BEACH FL 37963	13 SIRECT ADDRESS 14 City - SE-738		
TITLE ASA O	MANA TARKE DELE	TE 2.17(I.E		Change Addition
NAME HASALOG	N.A.I.A	2.2 NAME		
STREET ADDRESS	BEACH FL 37963			
CITY - ST - ZIP		2 4 GITV - ST - ZIP TE 3 1 TULE		Change Addition
NAME ASADO	OURIAN, HARRY K.E. CAUSEWAY BLUD BEACH. FL 37963	3.2 NAME		
STREET ADDRESS 935 E	CAUSEWAY BLUD	3.3 STREET ADORESS		
CHY-ST-ZIP VERO	GEACH, FL 37963	3.4 CH + ST-ZIP		Change Addition
TIFLE	□ D€LE		الواوالي والمدر والمراز الواريسي والمراز والمراز والمراز والمراز والمراز والمراز والمراز والمراز والمراز	
NAME		4.2 NAME 4.3 STREET ACIONESS	1000018296 -05/20/96 -01053	363 1 ∩44
STREET ADDRESS		4.4 CITY - ST-ZIP	***200.00	·····
CITY-ST-ZIP TITLE	DFU	ETE 5 I TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY+ST-7/P		5.4 CHY-ST-ZIP ETE 6.1 TILE		☐ Change ☐ Addition
TITLE NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		,,
CITY-ST-ZIP		6 4 CITY - ST - ZIP	slife for the exemption stated in Section 119.07(3)(k)	Florida Statutes, I further

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)(s). 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 it made under cartify 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 attainment with an address

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 4/88/96 (4.7) 731-4950