

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H57345** (1)
1. Corporation Name
LE PARISIEN JEWELRY, INC.

Principal Place of Business Mailing Address
6267 W. 24TH AVENUE #103 HIALEAH FL 33016 **6267 W. 24TH AVENUE #103 HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/16/1985** 3a. Date of Last Report **03/25/1994**

4. FEI Number **65-0007000** 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 **1171 W 68 ST** 26 **1171 W 68 ST**
State, Apt. #, etc. Suite, Apt. #, etc.
22 _____ 27 _____
City & State **Hialeah Fl.** City & State **Hialeah Fl.**
23 **Hialeah Fl.** 28 **Hialeah Fl.**
Zip **33014** Country **U.S.** Zip **33014** Country **Dade US**
24 **33014** 25 **U.S.** 29 **33014** 30 **Dade US**

9. Name and Address of Current Registered Agent
GONZALEZ, RAUL
6267 WEST 24TH STREET
SUITE 103
HIALEAH FL 33016

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 _____ DATE _____
NOTE: Registered Agent signature required when resident in state

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, RAUL
STREET ADDRESS	6267 W 24TH STREET, #103
CITY-ST-ZIP	HIALEAH FL
TITLE	S
NAME	GONZALEZ, ALICIA
STREET ADDRESS	6267 W 24TH STREET, #103
CITY-ST-ZIP	HIALEAH FL
TITLE	P
NAME	Gonzalez Raul
STREET ADDRESS	675 NE 165 ST
CITY-ST-ZIP	North Miami Fl. 33162
TITLE	S
NAME	Gonzalez Alicia
STREET ADDRESS	675 NE 165 ST
CITY-ST-ZIP	North Miami Fl. 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and taken and equally for the corporation stated in Sections 119 (27)(b)(4), Florida Statutes. I further certify that the information is based on the original report or supplemented original report as true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the report. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: **Raul Gonzalez** President **02-28-95** (305) 557-7594
SIGNATURE AND TYPED IN PRINTS NAME OF SIGNING OFFICER OR DIRECTOR
RAUL GONZALEZ President