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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # H88069 (0) GOLDEN CHANCE JEWELERS, INC.						
Principal Piace of C/O MARK RA 7161 S.W. 117 MIAMI FL 3316	ATNER ! AVE.	Mailing Address C/O MARK RATNER 7161 S.W. 117 AVE. MIAM! FL 33163			Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place	e of Business	2a. Mailing Address			12/04/1985 4. FEI Number	01/24/1995 Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	59-2674963	Not Applicable \$8.75 Additional
		27]			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ 1	Country 25	Zip 29	Count	у	8. This corporation has liability for in Florida Statutes Yes	
1	g. Name and Address of Curre		8		10. Name and Address of New Re	gistered Agent
DAMES ALLEY					O O O N I I I I I I I I I I I I I I I I	A
RATNER, MARK 7161 S.W. 117 AVE.			6		ess (P.O. Box Number is Not Acceptable	
MIAMI FL 33183			8	3	_	
			8	4 City		FL 85 Zip Code
12. THEF NAME STHEET ACCRESS	OFLICERS AND DIRECTORS DS DELETE RATNER, HARRY B. 7161 S.W. 117 AVE.		13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
DITY-ST-ZIP	MIAMI FL	P STICIC		-ST-ZIP		Change Addition
IIT. E NAME STREET ADDRESS	T RATNER, ANGELA T. 7161 S.W. 117 AVE.			E ET ADDRESS		
CITY ST-ZIP TILE NAME STREET ADORESS	MIAMI FL P DELETE RATNER, MARK 7161 S.W. 117 AVE.		2.4 CHY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS			☐ Change ☐ Addition
DITY-ST-ZIP	MIAMI FL	☐ DELETE	34 CHY 4 1 July	-ST-ZIP		Change Addition
THEE NAME STREET ADDRESS	VP RATNER, ALANA 7161 S.W. 117 AVE. MIAMI FL		4.2 NAM . 4.3 STRI	1		
CHY-ST-ZIP TITLS NAME STHEET ADDRESS	MIAMI FG	☐ DELETE	5 1 TIT	.F		☐ Change ☐ Addition
CITY-ST ZIF TITLE NAME STHEET ADDRESS		DELETE	6 1 141 62 NAM 63 STR	ME EET AODRESS		☐ Change ☐ Addition
14. I do hereby certify that oath; that I appears in	certify that the information supplie the information indicated on this ar am an officer or director of the cor Block 12 or Block 13 if changed, o	ed with this fling is voluntarily furn nnual report or supplemental and reporation or the receiver or truste or on an attention with an add	nished and d	oes not qualify true and accur ed to execute th	for the exemption stated in Section 119. ate and that my signature shall have the his report as required by Chapter 607, Flo	07(3)(k), Florida Statutes. I further same logal effect as if made under orida Statutes; and that my name
SIGNAT	URE: V SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTO	DA	12/12/96	Daytine Phone #