

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT



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

1995 1997

DOCUMENT # K33056

(8)

1. Corporation Name

CAMACHO JEWELERS, INC.

Principal Place of Business

~~825-60 BAYSHORE DR LOBBY~~
MIAMI FL 33131

Mailing Address

~~825-60 BAYSHORE DR LOBBY~~
MIAMI FL 33131

FILED
Aug 28 1997 8:00am
Secretary of State

TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/14/1988	3a. Date of Last Report 03/18/1994
4. FEI Number 65-0078564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CAMACHO, SAM
~~825-60 BAYSHORE DRIVE LOBBY~~
~~SUITE 000~~
MIAMI FL 33131

NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name Samuel Camacho	82 Street Address (P.O. Box Number is Not Acceptable) CAMACHO JEWELERS, INC. A. I. DUPONT BUILDING SUITE 935 169 EAST FLAGLER MIAMI FL 33131 FL	83 City MIAMI FL 33131 FL	85 Zip Code
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11. Pursuant to the provisions of Sections 607.0202 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

Samuel Camacho

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO, ISABEL R.	1.2 NAME	
STREET ADDRESS	825-60 BAYSHORE DR LOBBY STE 000	1.3 STREET ADDRESS	169 EAST FLAGLER SUITE 935
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33131
TITLE	PVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO, SAMUEL	2.2 NAME	
STREET ADDRESS	825-60 BAYSHORE DR LOBBY STE 000	2.3 STREET ADDRESS	169 EAST FLAGLER SUITE 935
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI FL 33131
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	300002281653--9
CITY - ST - ZIP		3.4 CITY - ST - ZIP	-08/23/97-01112-023
TITLE		4.1 TITLE	***1080.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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:

Samuel Camacho

SAMUEL CAMACHO

April 28/97 305.374.0761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)