

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 10 AM 8:45

DOCUMENT # **K62729** (4)

1. Corporation Name
JEWELRY BY MELISSA, INC.

Principal Place of Business Mailing Address
18861 BISCAYNE BLVD **18861 BISCAYNE BLVD**
INTERNATIONAL JEWELERS EXCHANGE **INTERNATIONAL JEWELERS EXCHANGE**
NORTH MIAMI FL 33180 **NORTH MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date incorporated in QuiaState 3a. Date of Last Report
01/28/1989 **04/27/1994**

4. FEI Number Appraisal Fee
65-0094306 Not Applicable

5. Certificate of Status Document **\$8.75 Additional Fee Required**

6. Election Campaign Contribution **\$5.00 May be Added to Fee**

7. This corporation has liability for intangible taxes under 197 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 2b

22 27

23 28

24 29 30

9. Name and Address of Current Registered Agent

JUANICO, MARK T., ESQ
1085 N.E. 125TH ST
SUITE 215
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 State Code

11. Pursuant to the provisions of Sections 607.0902 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. Thereby, as part of the appointment of a registered agent, I am further with, and accept the obligations of Section 607.0902, Florida Statutes.

SIGNATURE *Henri Ghozlan*
Signature of Registered Agent (print name) (registered agent available for service)

Signature of Registered Agent (print name) (registered agent available for service)

12. OFFICERS AND DIRECTORS

111 NAME: **D GHOZLAN, HENRI**
112 STREET ADDRESS: **100 KINGS PT DR #1004**
113 CITY, ST, ZIP: **N MIAMI BEACH FL**

111 NAME: **D GHOZLAN, LUCIA**
112 STREET ADDRESS: **100 KINGS PT DR #1004**
113 CITY, ST, ZIP: **N MIAMI BEACH FL**

111 NAME: _____
112 STREET ADDRESS: _____
113 CITY, ST, ZIP: _____

111 NAME: _____
112 STREET ADDRESS: _____
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112 STREET ADDRESS: _____
113 CITY, ST, ZIP: _____

111 NAME: _____
112 STREET ADDRESS: _____
113 CITY, ST, ZIP: _____

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

111 NAME: _____ Change Address

112 STREET ADDRESS: _____

113 CITY, ST, ZIP: _____ Change Address

111 NAME: _____

112 STREET ADDRESS: _____

113 CITY, ST, ZIP: _____ Change Address

111 NAME: _____

112 STREET ADDRESS: _____

113 CITY, ST, ZIP: _____ Change Address

111 NAME: _____

112 STREET ADDRESS: _____

113 CITY, ST, ZIP: _____ Change Address

111 NAME: _____

112 STREET ADDRESS: _____

113 CITY, ST, ZIP: _____ Change Address

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption defined in Section 197(1)(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 on the oath, that I am an officer or director of the corporation or that I am an authorized representative to receive this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer, director or authorized representative with an address.

SIGNATURE: *Henri Ghozlan*
Signature and Print or Printed Name of Officer or Director

1/13/95 (305) 9312356