

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:33

DOCUMENT # **K66144** (2)

1. Corporation Name

MICHAEL FINEST WORLD TREASURE JEWELRY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**36 NE FIRST STREET
SUITE 300
MIAMI FL 33132
US**
**C/O ROBERTSON AND COMPANY, P.A.
1100 PARK CENTRAL BLVD. S., SUITE 1700
POMPANO BCH. FL 33064
US**

DATE FIRST WORD IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21. State Agent or 26. State Agent or

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 29. City & State

25. City & State 30. City & State

26. City & State 31. City & State

27. City & State 32. City & State

28. City & State 33. City & State

29. City & State 34. City & State

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50. City & State 55. City & State

51. City & State 56. City & State

52. City & State 57. City & State

53. City & State 58. City & State

3. Date of Incorporation or Qualification 3a. Date of Last Report
02/16/1989 **03/02/1994**

4. FEI Number 4a. Applied For
65-0144184 ☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. This corporation has not filed for bankruptcy under 11 U.S.C. 101 et seq. ☐ Yes ☒ No

8. This corporation has not filed for bankruptcy under 11 U.S.C. 101 et seq. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIDLOSCA, RANDALL L.
1101 BRICKELL AVE
STE 802
MIAMI FL 33131**

81. Name **GUORUN LEISSERING**
82. Street Address (P.O. Box Number, Post Office Code)
36 NE 1st Street - Suite 300
83. City
MIAMI
84. State **FL** 85. Zip **33132**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original report as filed with the Secretary of State, and that the same is a true and correct copy of the original report as filed with the Secretary of State.

SIGNATURE: *G. Leissering* 4-29-95

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. NAME **PD LEISSERING, MANFRED M.** 1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS **1100 PARK CENTRAL BLVD.** 2. STREET ADDRESS ☐ Change ☐ Addition
3. CITY **POMPANO BCH. FL** 3. CITY ☐ Change ☐ Addition

4. NAME **VD LEISSERING, GUDREN** 4. NAME ☐ Change ☐ Addition
5. STREET ADDRESS **1100 PARK CENTRAL BLVD.** 5. STREET ADDRESS ☐ Change ☐ Addition
6. CITY **POMPANO BCH. FL** 6. CITY ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition
8. STREET ADDRESS ☐ Change ☐ Addition
9. CITY ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition
11. STREET ADDRESS ☐ Change ☐ Addition
12. CITY ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition
14. STREET ADDRESS ☐ Change ☐ Addition
15. CITY ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition
17. STREET ADDRESS ☐ Change ☐ Addition
18. CITY ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition
20. STREET ADDRESS ☐ Change ☐ Addition
21. CITY ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition
23. STREET ADDRESS ☐ Change ☐ Addition
24. CITY ☐ Change ☐ Addition

25. NAME ☐ Change ☐ Addition
26. STREET ADDRESS ☐ Change ☐ Addition
27. CITY ☐ Change ☐ Addition

28. NAME ☐ Change ☐ Addition
29. STREET ADDRESS ☐ Change ☐ Addition
30. CITY ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Leissering
G. LEISSERING

4-29-95

305-3759440

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, FL 32399-0400

DOCUMENT # **K66880**

(1)

1. Corporation Name

J.P. ACCOUNTING SERVICE, INC.

APPROVED
FEB 2 1996

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Office of Registered Agent		2a. Mailing Address		3. Date of Incorporation in U.S. (Month/Day/Year)	3a. Date of Last Report
% JOSEPH PIELOCH 8437 FOREST HILLS DR G-307 CORAL SPRINGS FL 33065		% JOSEPH PIELOCH 8437 FOREST HILLS DR G-307 CORAL SPRINGS FL 33065		02/20/1989	05/01/1994
21. Principal Office of Registered Agent	2a. Mailing Address	4. Filing Number	Applies For		
21	2a	65-0104208	Not Applicable		
22. State of Incorporation	2b. State of Incorporation	5. Certificate of Status (Degree)	\$8.75 Additional Fee Required		
22	2b				
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	2c				
24. Filing Office	25. Filing Office	B. Does corporation have liability for obligations tax credits \$ 1991/1992 Florida Statutes			
24	25				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIELOCH, JOSEPH 8437 FOREST HILLS DRIVE G-307 CORAL SPRINGS FL FL 33065		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 607.050, 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:

Signature of Registered Agent (Typed Name)

Signature of Registered Agent (Typed Name)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. Name	DPT PIELOCH, JOSEPH 8437 FOREST HILLS DRIVE G-307 CORAL SPRINGS FL	1. Name	☐ Change ☐ Addition
2. Name		2. Name	☐ Change ☐ Addition
3. Name		3. Name	☐ Change ☐ Addition
4. Name		4. Name	☐ Change ☐ Addition
5. Name		5. Name	☐ Change ☐ Addition
6. Name		6. Name	☐ Change ☐ Addition
7. Name		7. Name	☐ Change ☐ Addition
8. Name		8. Name	☐ Change ☐ Addition
9. Name		9. Name	☐ Change ☐ Addition
10. Name		10. Name	☐ Change ☐ Addition
11. Name		11. Name	☐ Change ☐ Addition
12. Name		12. Name	☐ Change ☐ Addition
13. Name		13. Name	☐ Change ☐ Addition
14. Name		14. Name	☐ Change ☐ Addition
15. Name		15. Name	☐ Change ☐ Addition
16. Name		16. Name	☐ Change ☐ Addition
17. Name		17. Name	☐ Change ☐ Addition
18. Name		18. Name	☐ Change ☐ Addition
19. Name		19. Name	☐ Change ☐ Addition
20. Name		20. Name	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.050, Florida Statutes. I further certify that the information is included in this annual report or supplemental annual report as 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 appointed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1 (if changed), or on an attachment with an address.

SIGNATURE: *Joseph Pieloch* *JOSEPH PIELOCH* Doc 5195 305 345-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR