

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L42056** (6)  
1. Corporation Name  
**PACIFIC JEWELRY CORP.**



Principal Place of Business: **C/O GATOR INVESTMENT 2250 N. E. 163 STREET, SUITE #6 N. MIAMI BCH FL 33160**  
Mailing Address: **C/O GATOR INVESTMENT 2250 N. E. 163 STREET, SUITE #6 N. MIAMI BCH FL 33160**

3. Date Incorporated or Qualified: **01/12/1990**  
3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business: **21 1040 N.W 3rd St.**  
22 Suite, Apt. #, etc.  
23 City & State: **Hallandale FL**  
24 Zip: **33009** 25 Country  
26 Mailing Address: **1040 N.W 3rd St.**  
27 Suite, Apt. #, etc.  
28 City & State: **Hallandale FL**  
29 Zip: **33009** 30 Country

4. FET Number: **65-0166350** 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

9. Name and Address of Current Registered Agent  
**GOLDSMITH, JAMES A.  
2250 N. E. 163RD STREET  
SUITE #6  
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent  
81 Name: **ROBERT NUSSBAUM**  
82 Street Address (P.O. Box Number is Not Acceptable): **1040 N.W 3rd St**  
83  
84 City: **Hallandale** FL 85 Zip Code: **33009**

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 of registered agent, if 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]* **ROBERT NUSSBAUM Pres** 8/1/96  
Signature (typed or printed name of registered agent and the date) (Typed Name of Registered Agent Signature required after registration) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDSMITH, JAMES A.</b>	
STREET ADDRESS	<b>2250 NE 163 ST #6</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NUSSBAUM, ROBERT G.</b>	
STREET ADDRESS	<b>600 NE 36TH ST., #1620</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1040 N.W 3rd St.</b>
2.4 CITY-ST-ZIP	<b>Hallandale, FL 33009</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>900001918915</b>
6.4 CITY-ST-ZIP	<b>-08/12/96--01032--004</b>
	<b>***225.00</b>

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 of this filing, or in an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT G NUSSBAUM Pres** 8/1/96 954-457-5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (12/95)