

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50910

(3)

1. Corporation Name

L.A. JEWELERS, INC.

Principal Place of Business

103 SARASOTA QUAY
SARASOTA FL 34236

Mailing Address

103 SARASOTA QUAY
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created
01/24/1990

3a. Date of Last Report
07/06/1994

2. Principal Place of Business

21 Subst. Apt. # etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Subst. Apt. # etc.

27 City & State

28 Zip

29 Country

4. FFI Number
65-0237457

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. 198.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUINSKY, LORENZO
4920 81ST AVE TERR E
SARASOTA FL 34243

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 607.06(2) and 607.14(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as 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 a resident of the State of Florida and I am not a foreign corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

13. ADMINISTRATORS, SECRETARIES AND TREASURERS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Section 198.032(1)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or new appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYDIA RIOS AGUINSKY

4-28-95 (P/B) 8350555