

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L75958 (3)

1. Corporation Name

J & J JEWELRY & WATCHES, INC.



Principal Place of Business

12705 N.W. LEJUNE RD.
MM 36
OPA LOCKA FL 33179-2437

Mailing Address

12705 N.W. LEJUNE RD.
MM 36
OPA LOCKA FL 33179-2437

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 600 N.W. 155th Terr

Suite, Apt. #, etc.

27 Pembroke pine

City & State

28 Florida

Zip

33028

Country

30 Broward

9. Name and Address of Current Registered Agent

TACHER, JAY
643 N.E. 204 LANE
MIAMI FL

3. Date Incorporated or Qualified

05/24/1990

3a. Date of Last Report

01/26/1995

4. FEI Number

65-0194533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

JAY TACHER

82 Street Address (P.O. Box Number is Not Acceptable)

600 N.W. 155th Terrace

83

Pembroke pine

84 City

Broward

FL

85 Zip Code

33028

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 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 president, officer, director, registered agent and his or her assistant

(NOTE: Registered Agent signature required when resigning)

DATE

2-5-96

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

TACHER, JAY
643 N.E. 204 LANE
MIAMI FL

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

5. NAME ☐ DELETE

6. NAME ☐ DELETE

7. NAME ☐ DELETE

8. NAME ☐ DELETE

9. NAME ☐ DELETE

10. NAME ☐ DELETE

11. NAME ☐ DELETE

12. NAME ☐ DELETE

13. NAME ☐ DELETE

14. NAME ☐ DELETE

15. NAME ☐ DELETE

16. NAME ☐ DELETE

17. NAME ☐ DELETE

18. NAME ☐ DELETE

19. NAME ☐ DELETE

20. NAME ☐ DELETE

21. NAME ☐ DELETE

22. NAME ☐ DELETE

23. NAME ☐ DELETE

24. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I, the undersigned, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 439-5397

Date

Daytime Phone #

CR2E034 (12/95)