FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L83303** **(2)**

1. Corporation Name
HONORE JEWELRY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~152 TOWN CENTER~~ BOCA RATON FL 33431 US	%C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21: 11542 Orange Blossom Ln
2a. Mailing Address — 26: 11542 Orange Blossom Ln.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Boca Raton FL.
City & State — 28: Boca Raton FL.
Zip — 24: 33428
Country — 25:
Zip — 29: 33428
Country — 30:

4. FEI Number: 06-1304166 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Ronald Kaplan
82 Street Address (P.O. Box Number is Not Acceptable): 11542 Orange Blossom Lane
83:
84 City: Boca Raton FL 85 Zip Code: 33428

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: Ronald Kaplan — Ronald Kaplan — 4/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	KAPLAN, HONORE K.	12 NAME	
STREET ADDRESS	~~152 TOWN CENTER~~	13 STREET ADDRESS	11542 Orange Blossom Lane
CITY-ST-ZIP	BOCA RATON FL 33428	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KAPLAN, RONALD	22 NAME	
STREET ADDRESS	~~152 TOWN CENTER~~	23 STREET ADDRESS	11542 Orange Blossom Lane
CITY-ST-ZIP	BOCA RATON FL 33428	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	KAPLAN, ROBERT	32 NAME	
STREET ADDRESS	~~152 TOWN CENTER~~	33 STREET ADDRESS	11697 Springflower Place
CITY-ST-ZIP	BOCA RATON FL 33428	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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: X Ronald Kaplan — 3/31/95 — 407-477-9396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031600 CP