

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12: 53

DOCUMENT # L89309 **(3)**

1. Corporation Name
EL ZAFIRO JEWELRY, INC.

Principal Place of Business	Mailing Address
C/O CASH GALORE INC. 6859 W 4TH AVE HIALEAH FL 33014 US	C/O CASH GALORE, INC. 6859 W 4TH AVE. HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1990	3a. Date of Last Report 02/21/1994
4. FEI Number 65-0208443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trade Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability of intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DERRINGER, TERRY A
C/O CASH GALORE INC.
6859 W. 4TH AVE.
HIALEAH FL 33014**

10. Name and Address of Now Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
FL	B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	DERRINGER, TERRY A
STREET ADDRESS	8540 SW 141ST STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	DERRINGER, DEBORAH R
STREET ADDRESS	8540 SW 141ST STREET
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	Treasurer = T
14 CITY - ST - ZIP	Terry A. Derringer
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	8540 SW 141 Street
24 CITY - ST - ZIP	Miami, FL 33158
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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: Terry A. Derringer 4/29/95 305-822-9762
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)