FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L89309

(3)

EL ZAFIRO JEWELRY, INC.

FILED
Apr 30 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					51/ 218/1 2/8 11 2 /871 215/1 / 881
C/O CASH GALORE INC. C/O CASH GALORE. INC. 6859 W 4TH AVE. 6859 W 4TH AVE.					
HALEAH FL 33014		HALEAH FL 33014		DO NOT WRITE IN THIS SPACE	
***		US		3. Date Incorporated or Qualified	
				07/26/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0208443	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & Stat	¬ , '			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	<u> </u>	Trust Fund Contribution	Added to Fees
24	├ ─1	Z ⁱ p	Country	8. This corporation owes or has paid the cu	
24	25 Name and Address of Curr	29 3	10	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name					
DENINGER, TERMI A					
C/O CASH GALORE INC.				dress (P.O. Box Number is Not Acceptable)	
8859 W. 4TH AVE.					
H	ALEAH FL 33014		83		
			84 City		85 Zip Code
44 Durationt	to the product of Continue COZ O	500 d 007 4500 Ft. dd. O		Fl	-
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.					
agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or printed name of registered agent and tallo if applicable (NOTE: Registered Agent signature required when reinstaturg) DATE					
12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 12
TITLE	PDS	DELETE	1.1 TITLE	ADDITIONS/CIVANGES TO OFFICERS AN	Change Addition
NAME	DERRINGER, TERRY A		1.2 NAME		
STREET ADDRESS	8540 SW 141ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DERRINGER, DEBORAH R		2.2 NAME		
STREET ADDRESS	8540 SW 141ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAM! FL		2. 4 CITY-ST-ZIP		1
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DERRINGER, TERRY A		3.2 NAME		
STREET ADDRESS	8540 SW 141 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP		ļ
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
HAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		ĺ
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby o	ertify that the information supplied	with this films does not qualify for t		Section 110 07/3Vil Florida Statutos Liturbas a	

14. hereby certify that the information supplied with this filing 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 suppliemental 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. Dermaen

4/20/98

305-822-9767

:R2E034 (10/97)