


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR -6 PM 1:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000001090 ALEXANDER'S FINE JEWELRY & GIFTS, L.C. 3425 GALT OCEAN DR FT LAUDERDALE FL 33308
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1a. Principal Place of Business Address 3425 GALT OCEAN DR FT LAUDERDALE FL 33308


If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 10/14/1996	3a. State of Formation FL
		4. FEI Number 65-0703067	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent RAMOS, ALEXANDER 12265 NW 32ND MANOR SUNRISE FL 33323 2608 NE 12 ST FT LAUDERDALE FL 33308	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2608 N.E. 12 ST Suite, Apt. #, etc. City Ft. Lauderdale FL Zip Code 33308
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHUTTE, H. JOSEPH	9707 SHELBYVILLE RD	LOUISVILLE KY
			200002107182--2 -03/07/97--01047--014 ****203.75 ****203.75
			

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **H. Joseph Schutte** 1/30/97 (502) 423-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #