

**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
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**DOCUMENT # L97944 (7)**

1. Corporation Name  
**BELLA D'ORO JEWELRY CORPORATION**



Principal Place of Business <b>1 NE 1 ST                  UNIT 10                  MIAMI FL 33132</b>	Mailing Address <b>1 NE 1 ST                  UNIT 10                  MIAMI FL 33132</b>
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2. Principal Place of Business 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ]	2a. Mailing Address 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ]	3. Date Incorporated or Qualified <b>09/05/1990</b>	3a. Date of Last Report <b>04/28/1995</b>	4. FEI Number <b>59-3035487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SEGAL, WILLIAM                  1799 NE 164 ST.                  N. MIAMI BCH. FL 33162</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <b>SHERMAN, DEBORAH</b> <input type="checkbox"/> DELETE	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		12. NAME	
STREET ADDRESS	<b>21153 NE 18 PL.</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>N. MIAMI BCH. FL</b>	14. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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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)(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 or changed, or printed, attachment with an address.

SIGNATURE: Deborah Sherman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96 305-539-9872  
 Date Date

CR2E034 (12/95)