

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

95 JUL -3 AM 9:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # M09720 (7)

1. Corporation Name
TREASURERS GEMS & JEWELRY CORP.

Principal Place of Business Mailing Address
1 N.E. 1ST STREET #203 MIAMI FL 33132 US **1 N.E. 1ST STREET #203 MIAMI FL 33132 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1984** 3a. Date of Last Report: **10/31/1994**
 4. Fed Number: **59-2481326** Applied For: / Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Company/Foreign/Trust/Fiduciary: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for multiple tax under s. 100.022, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21. **1 N.E. 1st Street** 26. State, Apt. #, etc: **203** 27. City & State: **Miami** 28. Zip: **FL 33132** 29. Country: **US**

9. Name and Address of Current Registered Agent
**GRANGEIRO, EL SARAIVA
 ONE N.E. 1ST. STREET
 #203
 MIAMI FL 33132**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City 85. 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: *[Signature]* DATE: **06/01/95**

12. OFFICERS AND DIRECTORS
 TITLE: **PTD**
 NAME: **GRANGEIRO, EL SARAIVA**
 STREET ADDRESS: **3102 NW 31ST ST**
 CITY, ST, ZIP: **MIAMI BEACH FL**

13. ADDITIONAL OFFICERS AND DIRECTORS
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(a), Florida Statutes. I further certify that the information submitted 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 its receiver or trustee (whichever is applicable) 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 both, as applicable, with an address.

SIGNATURE: *[Signature]* DATE: **06/22/95** (305) 222-1232

CR2E034 (3/95)