

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M29331** (9)

1. Corporation Name
LUXOR JEWELRY MFG, INC.



Principal Place of Business: **1470 STILLWATER DR. MIAMI BCH FL 33141**
Mailing Address: **1470 STILLWATER DR. MIAMI BCH FL 33141**

3. Date Incorporated or Qualified: **03/24/1986**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-2675110**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**ESQUENAZI, SALVADOR
1470 STILLWATER DR.
MIAMI BCH FL 33141**

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

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: _____

12. OFFICERS AND DIRECTORS

11. TITLE	STD GREENSHERE, ESTHER	<input type="checkbox"/> DELETE
12. NAME	1470 STILLWATER DR.	
13. STREET ADDRESS	MIAMI BCH FL	
14. CITY, ST, ZIP		
15. TITLE	PD ESQUENAZI, SALVADOR	<input type="checkbox"/> DELETE
16. NAME	1470 STILLWATER DR.	
17. STREET ADDRESS	MIAMI BCH FL	
18. CITY, ST, ZIP		
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. 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 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 if checked, or in an attachment with an address.

SIGNATURE: *Salvador Esquenazi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 937-4571

CR2E034 (12/95)