

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

DOCUMENT # **M59739** (6)

1. Corporation Name

F.W. JEWELRY, INC.



Principal Place of Business

**2917 NW 82ND AVENUE
MIAMI FL 33122**

Mailing Address

**2917 NW 82ND AVENUE
MIAMI FL 33122**

2. Principal Place of Business

21 **2486 NW 20TH ST.**
Suite, Apt. #, etc. —

22 City & State
23 **MIAMI FLORIDA**

24 Zip **33142** Country —

2a. Mailing Address

26 **2486 NW 20TH ST.**
Suite, Apt. #, etc. —

27 City & State
28 **MIAMI FLORIDA**

29 Zip **33142** Country —

3. Date Incorporated or Qualified
09/25/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2854068

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 for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WONG, FERNANDO R.
2917 NW 82ND AVENUE
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name **WONG, RAUL**
82 Street Address (P.O. Box Number is Not Acceptable)
11810 SW 92ND LANE
83
84 City **MIAMI** FL 85 Zip Code **33186**

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, 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]

(NOTE: Registered Agent Signature required when registering.)

3/5/96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WONG, RAUL	
STREET ADDRESS	11810 SW 92ND LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WONG, MARIA	
STREET ADDRESS	11810 SW 92ND LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WONG, PATRICIA	
STREET ADDRESS	13240 SW 57TH TERRACE, #4	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WONG, RAUL	
1.3 STREET ADDRESS	11810 SW 92ND LANE	
1.4 CITY-ST-ZIP	MIAMI FL. 33196	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WONG, MARIA	
2.3 STREET ADDRESS	11810 SW 92ND LANE	
2.4 CITY-ST-ZIP	MIAMI FL 33196	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WONG PATRICIA	
3.3 STREET ADDRESS	3117 SW 139 PL	
3.4 CITY-ST-ZIP	MIAMI FL. 33175	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 changed or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 (305) 635-3555

Date Daytime Phone #

CR2E034 (12/95)