

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M70622** (9)

1. Corporation Name  
**RAMON'S JEWELRY, INC.**



Principal Place of Business

~~RAMON'S JEWELRY~~  
~~1887 ANDOVA DR~~  
~~LARGO FL 34647~~

Mailing Address

~~RAMON'S JEWELRY~~  
~~RAMON'S JEWELRY~~  
~~1887 ANDOVA DR~~  
~~LARGO FL 34647~~

2. Principal Place of Business

21 c/o Virginia Reyes  
Suite, Apt. #, etc.  
22 9014 Antigua Drive  
City & State

2a. Mailing Address

26 c/o Virginia Reyes  
Suite, Apt. #, etc.  
27 9014 Antigua Drive  
City & State

23 Largo, FL

24 34647 25 Country

28 Largo, FL

29 34647 30 USA

9. Name and Address of Current Registered Agent

~~REYES, VIRGINIA~~  
~~1887 ANDOVA DR~~  
~~LARGO FL 34647~~

3. Date Incorporated or Qualified  
**03/04/1988**

3a. Date of Last Report  
**09/06/1995**

4. FEI Number  
**59-2736534**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9014 Antigua Drive

83

84 City

Largo

FL

85 Zip Code  
34647

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 actioned by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who changed the corporation's registered office or registered agent

Signature of the person who accepted the appointment as registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	<del>REYES, RAMON O.</del>	<del>1887 ANDOVA DR.</del>	<del>LARGO FL</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Virginia Reyes	
13 STREET ADDRESS	9014 Antigua Drive	
14 CITY - ST - ZIP	Largo, FL 34647	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied within this filing is valid and true and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 Book 12 or Book 13 if changed, or on an affidavit filed with an address.

SIGNATURE: *Virginia Reyes* Virginia Reyes, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (813) 398-1681

CR2E034 (12/95)