

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 21 1996 8:00 am
Secretary of State

DOCUMENT # P21926 (1)

1. Corporation Name
FINLAY FINE JEWELRY CORPORATION



Principal Place of Business: **521 FIFTH AVE. NEW YORK NY 10175**
Mailing Address: **521 FIFTH AVE. NEW YORK NY 10175**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **12/01/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-3287757**
5. Certificate of Status Desired: **XX** \$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: **XX** Yes No

9. Name and Address of Current Registered Agent: **NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when changing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT ZURLNICK, BRUCE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	529 FIFTH AVENUE, 5TH FL	12 NAME	
STREET ADDRESS	NEW YORK NY 10175	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	CD REINER, ARTHUR E	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	521 FIFTH AVE. 4TH FL.	22 NAME	
STREET ADDRESS	NEW YORK NY 10175	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D CORNSTEIN, DAVID B.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	521 FIFTH AVE., 3RD FL	32 NAME	
STREET ADDRESS	NEW YORK NY	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D LEE, THOMAS H.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	75 STATE ST STE 2600	42 NAME	
STREET ADDRESS	BOSTON MA	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	VS DAVIS, BONNI G.	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	521 FIFTH AVE., 3RD FLR	52 NAME	
STREET ADDRESS	NEW YORK NY	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, unchanged, or in an amendment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bonni G. Davis V.P. & Secretary

5/10/96 (212) 808-2080
Date: _____ Extension: _____

CR2E034 (12/95)