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

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 PM 2:02

DOCUMENT # **P34110** **(7)**

1. Corporation Name

TIAC DIAMOND AND JEWELRY BROKERAGE, INC.

Principal Place of Business	Mailing Address
~~4802 GUNN HIGHWAY~~ ~~SUITE 112~~ ~~TAMPA FL 33624~~	~~4802 GUNN HIGHWAY~~ ~~SUITE 112~~ ~~TAMPA FL 33624~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business (21): JEWELRY OUTLET
14845 N. DALE MABRY
TAMPA, FL 33618

2a. Mailing Address (26): JEWELRY OUTLET
14845 N. DALE MABRY
TAMPA, FL 33618

Suite, Apt. #, etc. (22):
City, State (23):
Zip (24):
County (25): Hills.
Zip (29):
Country (30):

4. FEI Number: 36-3756839 ☐ 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

EPSTEIN, ADAM
6135 SAVOY CIRCLE
TAMPA FL 33549

10. Name and Address of New Registered Agent

81 Name: ADAM N EPSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 8649 N Himes
83: Ste H 907
84 City: TAMPA FL 85 Zip Code: 33614

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)		
TITLE	CDP	11 TITLE	CDP	☒ Change ☐ Addition
NAME	EPSTEIN, ADAM	12 NAME	ADAM N. EPSTEIN	
STREET ADDRESS	6135 SAVOY CIRCLE	13 STREET ADDRESS	8649 N HIMES	
CITY ST ZIP	LUTZ FL	14 CITY ST ZIP	TAMPA FL 33614	
TITLE	VCD	21 TITLE	VCD	☒ Change ☐ Addition
NAME	EPSTEIN, LESLEY	22 NAME	Lesley C EPSTEIN	
STREET ADDRESS	12738 WOOD TRAIL BLVD.	23 STREET ADDRESS	8649 N. HIMES	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	TAMPA FL 33614	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	EPSTEIN, LESLEY	32 NAME	Lesley C EPSTEIN	
STREET ADDRESS	12738 WOOD TRAIL BLVD.	33 STREET ADDRESS	8649 N HIMES	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	TAMPA FL 33614	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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: X Adam Epstein 6/19/95 813 962 8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000257 CP