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 # **P93000018740 (9)**

1. Corporation Name

JEWELRY BRANDS NETWORK, INC.

Principal Place of Business

500 E. BROWARD BLVD.
SUITE 105
FT. LAUDERDALE FL 33301
US

Mailing Address

P.O. BOX 3510
HALLANDALE FL 33008

3. Date Incorporated or Qualified: **03/03/1993**

3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business
21 701 Brickell Ave.
Suite, Apt. #, etc.
22 Suite 3000
City & State
23 Miami
Zip 24 33131 Country 25

2a. Mailing Address
26 701 Brickell Ave.
Suite, Apt. #, etc.
27 Suite 3000
City & State
28 Miami
Zip 29 33131 Country 30

4. FEI Number: **65-0396441** ☐ 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

BARQUIN, GEORGE
230 174TH ST.
#1009
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: INTRASTATE REGISTERED AGENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave., Suite 3000
83
84 City: MIAMI FL 85 Zip Code: 33131

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: By: Steven H. Hagen (Signature of Registered Agent for Application) INTRASTATE REGISTERED AGENT CORPORATION, VICE PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE: 4/1/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	HO, NAGAMATSU, ELAINE X		1.2 NAME	Ho, Kennedy	
STREET ADDRESS	10175 COLLINS AVE, SUITE 105		1.3 STREET ADDRESS	701 Brickell Ave., Suite 3000	
CITY-ST-ZIP	BAL HARBOUR FL 33154		1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D/R	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAGAMATSU, SILVERMAN, NANCY		2.2 NAME		
STREET ADDRESS	10175 COLLINS AVE., SUITE 105		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NAGAMATSU, ERNEST		3.2 NAME		
STREET ADDRESS	10175 COLLINS AVE., SUITE 105		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR FL 33154		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	900001829845	☐ Change ☐ Addition
NAME			5.2 NAME	-05/20/96--01056--045	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNEDY HO

Date: 4/22/96 Daytime Phone #: (662)269-1680