

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **93000035787**  
1. Corporation Name

**NEW ART JEWELRY CORP.**

*- amended -*

Principal Place of Business

Mailing Address

2990 S. Fiske Blvd.  
#D-1  
Rockledge, FL 32955

2040 Highway 1A  
Suite 201  
Indian Harbour Beach, FL  
32937

3. Date Incorporated or Qualified  
5/18/93

3a. Date of Last Report  
5/15/97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3232101

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

10. Name and Address of New Registered Agent

Boaz Barnavon  
1356 Richwood Circle  
Rockledge, FL 32955

81 Name  
Charles E. Heim, Jr., Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2040 Highway 1A  
83 Suite 201  
84 City  
Indian Harbour Beach FL 85 Zip Code  
32937

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*10/21/97*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Bruno Laeser DPT ☒ DELETE  
2990 S. Fiske Blvd., #D-1  
Rockledge, FL

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
DPT ☒ Change ☐ Addition  
Bruno Laeser  
2040 Highway 1A, Suite 201  
Indian Harbour Beach, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS ☒ DELETE  
Wilhelm A. Walser  
2090 S. Fiske Blvd., #D-1  
Rockledge, FL 32955

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition  
600002335486  
-10/31/97--01091--020  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE  
VS  
Charles E. Heim, Jr., Esq.  
2040 Highway 1A, Suite 201  
Indian Harbour Beach, FL 32937

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☒ Addition  
VS  
Charles E. Heim, Jr., Esq.  
2040 Highway 1A, Suite 201  
Indian Harbour Beach, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S ☒ DELETE  
Ursula Keller  
2990 S. Fiske Blvd.  
Rockledge, FL 32955

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO LAESER

*10.11.97*

Date

Daytime Phone #

APPROVED  
AND  
FILED

97 OCT 27 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/96)