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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 16 1997 8:00am

Secretary of State

DOCUMENT # P93000065471 (3)

MICHAEL RUBI JEWELRY, INC.

11401 PINES BLVD. SUIE 270-27 ARB PEMBROKE PINES FL 33026 US			341 Miami Beach Fl	MIAMI BEACH FL 33140-2531							
			บร				3. Date Incorporated or Qualified 09/21/1993		of Last Re /1996	eport	
2. Principal Pl	ace of Busin	ness	2a, Mailing Addre	2a, Mailing Address			4. FEI Number		Ap	plied For	
21		######################################	26	4. •			65-0472004			t Applicable	
Suite, Apt. #, etc.			27	{			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	€		City & State				6. Election Campaign Financing	· -			
23				28			Trust Fund Contribution	Ц	Added t		
ZID		Country	Zip	······································				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	o Name	25 and Address of Curre	nt Begistered Agent	30	·		Florida Statutes Yes No				
114.04			in neglateles Agent	81 Name			10 a guid transpood et trans to Nigration de Libert				
	QUEZ, MIC NW 1ST :										
	E 204	31.		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
		NES FL 33024		63			· · · · · · · · · · · · · · · · · · ·				
1 6711	DITONE 1 II	100100000				<u> </u>					
					84	City		FL	85 Zip (Code	
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											
12.			ND DIRECTORS	1:			ADDITIONS/CHANGES TO OFFICE		IRECTOR	S IN 12	
TITLE	D		☐ DEI		TITLE				Change	Addition	
NAME	VASQUE	Z, MICHAEL A		1.2	NAME						
STREET ADDRESS	8871 NO	RTHWEST 15TH CO	urt	1.3 STREET ADDRESS							
CITY-ST-ZIP	PEMBRO	KE PINES FL 33024		1.4	CITY-	ST-ZIP					
TITLE	D		☐ DE	LETE 2.	TITLE				Change	Addition	
NAME		Jez, Rubby A		2.2	NAME						
STREET ADDRESS		RTHWEST 15TH CO	urt	2.3		1 ADDRESS					
CITY-ST-ZIP	PEMBRO	KE PINES FL 33024		2.	4 CITY -	ST-ZIP					
TITLE			☐ DEI	LETE 3.1	TITLE			I.	Change	Addition	
NAME				3.2	NAME						
STREET ADDRESS				3.1	STREE	t address					
CITY-ST-ZIP					. CITY -	ST-ZIP					
TITLE			☐ DE	LETE 4.1	TITLE			L	_] Change	☐ Addition	
NAME					2 NAME						
STREET ADORESS				4.1	STREE	t address					
CITY-ST-ZIP					CITY-	ST-ZIP			٦		
TITLE			L] DE		I TITLE			L	_ Change	Addition	
NAME					NAME						
STREET ADDRESS						1 ADDRESS	İ				
CITY-ST-ZIP			T 60		CITY-	ST-ZIP			Channa	Additor	
TITLE			LJ DE	•	TITLE	ĺ		L	_ Change	Addition	
NAME OFFET ADDRESS					P NAME	T ADDESSA					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP	ov certify the	at the information supply	ad with this filing does r		CHTY-		ated in Section 119 07(3)(i) Florida Statuta	s I further o	erlily that	the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sociion 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.											