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 # P93000074421 (7)

BUCHERON JEWELRY INCORPORATED

Principal Place of Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



OORAL GABLES	AILE 8 FL 3 3134	CORAL GABLE	MILE ES FL 93134-5405					
					3. Date Incorporated or Qualified 10/27/1993	3a. Date of 04/26/19		
2. Principal Pl	ace of Business	2a, Mailing A	ddress		4. FEI Number		Applied F	or
21		26			65-0447717	Ì	Not Applic	
Sulte, Apt.	#, etc.	Suite, Apt	#, etc.			\$8	.75 Addition	nal
22		27			5. Certificate of Status Desired		Fee Required	
City & State	9	City & Sta	ite		6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution	A	Added to Fees	,
Zip Zip	Country	Zip	Cour	ntry	8. This corporation has liability for			32,
24	25	29	30			_YesNo		
	9. Name and Address of Cu	rrent Registered Age			10. Name and Address of New Re	gistered Agent	i	
	RALTO, JUAN			81 Name				
	MIRACLE MILE			82 Street Add	lress (P.O. Box Number is Not Acceptate	ole)		
COR	VAL GABLES FL 33134							
3				83				
No. of the control of			<u> </u>	84 City		85	Zip Code	
•				City		FL 🏻	Zip Code	
11. Pursuant to office or reagent. I as	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607.1508, Fitate of Florida. Such cl bligations of, Section 6	lorida Statutes, the ab hange was authorized 607.0505, Florida Stati	ove-named cor I by the corpora utes.	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of chan of the appointm	iging its regist ent as registe	tered red
SIGNATURE	Signature, typed or printed name of registere		MOVE Design	A	bired when re-astating)	DATE		
		AND DIRECTORS	NOTE REGISTRED	Agent signature requ	ADDITIONS/CHANGES TO OFFIC		ECTORS IN 1	······
12.	PD		DELETE 1.1 TH	I F	ADDITIONS/CHANGES TO OFFIC			ddition
	QUERALTO, JUAN	ļ <u>.</u>			·			
NAME	103 MIRACLE MILE	4	1.2 NA					
STREET ADDRESS	CORAL GABLES FL 33134		•	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			hange A	ddilion
TITLE	VD	L.				۷ تــا	папре ж	DOMON
NAME :	QUERALTO, HILDA		2.2 NA					
STREET ADDRESS	103 MIRACLE MILE		2.3 ST	REE1 ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134			TY - ST - ZIP				
TITLE		L.	DELETE 3.1 TO	LE			Change 🔲 Ad	ddition
NAME			3.2 NA	ME				
STREET ADDRESS			3,3 \$1	REE1 ADDRESS				
017Y-57-21P				1Y - \$1 - ZIP				
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			4. 2 N	AME				
STREET ADDRESS			4.3 S1	REET ADDRESS				
CITY-ST-ZIP			4.4 CF	IY-SI-ZIP				
TITLE			DELETE 51 111	LE			Change 🔲 A	lodition
NAME			5.2 NA	ME				
STREET ADDRESS				REET ADDRESS				
				IY-S1-ZIP				
CITY-ST-ZIP TITLE			DELETÉ 61TI				Change A	ddition
		_						
NAME			6.2 NA					
STREET ADDRESS				REE1 ADDRESS				
CITY-ST-ZIP		The state of the state of the		IY-SI-ZIP	ed in Section 119.07(3)(i). Florida Statute	an I fromban a	ifu that the	
44 I do herei	ny ce rtify that the information sur	nnied with this filing de	has not quality for the	avemotion state	ad in Section 3.39.071330). Florida Statute	as. Liuriner cert	uv mai me	

no nereby certify that the information supplied with this tiling does not quality 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 11 if changed, or on an attachment with an address.