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Mailing Address
7031 SW 11 STREET

PEMBROKE PINES FL 33023-1650

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400003235 (6)

H&L JEWERLY, INC.

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYP

7031 SW 11 STREET PEMBROKE PINES FL 33023

3a. Date of Last Report 3. Date Incorporated or Qualified 12/20/1993 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0457620 Not Applicable 21 26 \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALTAMIRANO, HUBER S 7031 SW 11 STREET Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33023 83 Zip Code 84 City 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 Typed or printed name of registered agont and title diapplicable (NOTE: Registered Agent signature required when reinstaling) (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ___ Addition DELETE 1.1 TITLE III.E ALTAMIRANO, HUBER S CR2E034 1.2 NAME HAME **7031 SW 11 STREET** 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33023 C(1Y - \$1 - 74P 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE ALTAMIRANO, ROSA L 2.2 NAME NAME 7031 SW 11 STREET 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33023 C-13 - S1 - ZIP 2.4 CiTY - ST - ZIP DELETE Change Addition 3.1 TITLE 1001 NAM 3.2 NAME 3.3 STREET ADDRESS STREET ACCIDESS 3.4. CITY-ST-ZIP CITY-ST ZIP Change Addition DELETE 4.1 TITLE THILE 4.2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIF Addition Channe DELETE 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ACIDRESS 54 CITY-ST-ZIP CITY - ST - Zir Change Addition DELETE 6 1 TITLE Tilet 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 repeiver 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 part attachment with an address.

IGNING OFFICER OR DIRECTOR

Date

Daytime Phone #