

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012284

1. Corporation Name

M.S.B. FINE WATCHES, INC.

Principal Place of Business

36 NE 1ST STREET
SUITE 361
MIAMI FL 33132
US

Mailing Address

P.O. BOX 630344
NORTH MIAMI FL 33163
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DAVIS, MARY S
36 NE 1ST STREET
SUITE 361
MIAMI FL 33132

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

[] DELETE

NAME

DAVIS, MARY S

STREET ADDRESS

1110 BRICKELL AVE. #820

CITY-ST-ZIP

MIAMI FL 33131

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

[] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002831281--E

-04/06/99--01086--001

***150.00 ***150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

250
3/29/99

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99 305-9926049

Date

Daytime Phone #

CR2E034 (11/98)

0273544

FILED

99 MAR 29 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1994

4. FEI Number

65-0467930

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 owes the current year Intangible

Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent