

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT-
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030839 (2)

1. Corporation Name
ROSA JEWELRY, INC.

Principal Place of Business
**4 SOUTH MIAMI AVE
MIAMI, FL. 33130**

Mailing Address
**4 SOUTH MIAMI AVE.
MIAMI, FL. 33130**

3. Date Incorporated or Qualified 04/22/1995	3a. Date of Last Report
4. FEI Number 65-0485349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	27 City & State	30 City & State
22 City & State	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**PEREZA, ORLAIDA
4 SOUTH MIAMI AVE.
MIAMI, FL. 33130**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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: *Orlando Payer*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PEREZA, ORLAIDA	1.2 NAME	
STREET ADDRESS	4901 N.W. 4th ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	PEREZA, VIVIAN	2.2 NAME	
STREET ADDRESS	268 N.W. 58 th. AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	
NAME	PEREZA, BEATRIZ	3.2 NAME	
STREET ADDRESS	7225 BELLE MEADE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33138	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

8000001798500 Change Addition
-04/29/96--01041--014
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Orlando Payer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Daytime Phone #