

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45**

DOCUMENT # P94000033423 (2)

1. Corporation Name

J & R JEWELRY ENTERPRISES, INC.

Principal Place of Business

1718 N. GOLDENROD RD.
SUITE 4
ORLANDO FL 32807

Mailing Address

1718 N. GOLDENROD RD.
SUITE 4
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/03/1994

4. FFL Number

59-3243430

Applied For

Post Application

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 467 S. Chickasaw Tr.

2a. Mailing Address

26 467 S. Chickasaw Tr.

Suite, Apt. # etc

Suite, Apt. # etc

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32825

Country

25 USA

Zip

29 32825

Country

30 USA

9. Name and Address of Current Registered Agent

MORALES, JULIO M
1718 N. GOLDENROD RD.
SUITE 4
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

Julio M. MORALES

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

467 S. Chickasaw Trail

83

84 City

Orlando

FL

85 Zip Code

32825

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Julio M. MORALES President

6-7-95

12. OFFICERS AND DIRECTORS

12.1 NAME	DP
12.2 NAME	MORALES, JULIO M
12.3 STREET ADDRESS	1718 N. GOLDENROD RD., SUITE 4
12.4 CITY, ST. ZIP	ORLANDO FL 32807
12.5 NAME	DV
12.6 NAME	MORALES, RUTH N
12.7 STREET ADDRESS	1718 N. GOLDENROD RD., SUITE 4
12.8 CITY, ST. ZIP	ORLANDO FL 32807
12.9 NAME	DST
12.10 NAME	MORALES, RISELDA
12.11 STREET ADDRESS	1718 N. GOLDENROD RD., SUITE 4
12.12 CITY, ST. ZIP	ORLANDO FL 32807
12.13 NAME	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST. ZIP	
12.17 NAME	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST. ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	DP
13.2 NAME	Julio M. MORALES
13.3 STREET ADDRESS	467 S. Chickasaw Tr.
13.4 CITY, ST. ZIP	Orlando, FL 32825
13.5 NAME	DV
13.6 NAME	RUTH N. MORALES
13.7 STREET ADDRESS	467 S. Chickasaw Tr.
13.8 CITY, ST. ZIP	Orlando, FL 32825
13.9 NAME	DST
13.10 NAME	Riselda MORALES
13.11 STREET ADDRESS	467 S. Chickasaw Tr.
13.12 CITY, ST. ZIP	Orlando, FL 32825
13.13 NAME	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST. ZIP	
13.17 NAME	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is substantially true and correct and that I am not guilty for the information stated in Section 119.07(1)(b), 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 the filing of this report as required by Chapter 607, Florida Statutes.

SIGNATURE

Julio M. MORALES President 6-7-95 (407)277-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title