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

P94000039032

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90080 013 ***150.00

JERUSAL	LEM JEWELERS, INC.									
Principal Place	of Business	Mailing Address				- i iddivider við tativ atavi eðvir ar	(((40 (() 60(66)	ittia tacti dau	DO ICCIO CIOC IDOC	
7500 W. COMM	ERCIAL BLVD.	18252 CLEARBROOK CIRC	CLE							
FT. LAUDERDALE FL 33319 B		BOCA RATON FL 33498			DO NOT WRI	TE IN THIS	SPACE			
us						3. Date Incorporated or Qualifed				7
						05/24/1994				ĺ
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		A	pplied For	1
21		26				65-0500383		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lot Applicable	}
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional	1
22		27			5. Certificate of Status Desired		Fee F	Required	1	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be]
23	·	28				Trust Fund Contribution			to Fees	-
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent year Inta		r-7	ì
24	25	29	30			Personal Property Tax		Yes	□No	4
	9. Name and Address of Current	Registered Agent		81 1	Namo	10. Name and Address of New F	registered i	Agent		-
	JONE DADDADA			ן ייי	Name					
	MONI, BARBARA			82 5	Street Addre	ess (P.O. Box Number is Not Accepta	able)			7
	52 CLEARBROOK CIRCLE						<u> </u>			┨
BUU	A RATON FL 33498			83						1
				84 (City		FL	85 Zip	Code	1
				1 1				بلك	lainteres	
						The state of the s				-
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	ites, the a	bove-n	named corpo	pration submits this statement for the	purpose of pt the appoin	changing it ntment as i	registered	-
Office Or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fionda. Such change was a	aunonzei	יונו עט נו	named corpo e corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of pt the appoi	changing it ntment as i	registered	
Office Or r	egistered agent, or both, in the State of m familiar with, and accept the obligation.	ons of, Section 607.0505, Fk	orida Stat	utes.	e corporation	in a poard of directors. I horeby doce	pt the appear	changing it	registered	
office of r agent. I a SIGNATURE	egistered agent, or both, in the state of m familiar with, and accept the obligation. Signature, typed or printed name of registered agent.	ons of, Section 607.0505, Floand title if applicable. (NOT	orida Stat	utes.	e corporation	(when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·	
office or r agent. I a SIGNATURE	egistered agent, or both, in the state of m familiar with, and accept the obligation of the state of the stat	ons of, Section 607.0505, Floand title if applicable. (NOT)	orida Stat	utes.	e corporation	in a poard of directors. I horeby doce	DATE		FORS IN 12	44,000
office or r agent. I a SIGNATURE 12.	egistered agent, or both, in the state of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floand title if applicable. (NOT	E: Registered	Agent si	e corporation	(when reinstating)	DATE	ID DIRECT	FORS IN 12	1000
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the state of m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND D MAIMONI, YORAM	ons of, Section 607.0505, Floand title if applicable. (NOT)	E: Registered	Agent signal	ignature required	(when reinstating)	DATE	ID DIRECT	FORS IN 12	7007 (44 100)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with a state of mailiar with a state of the familiar with, and accept the obligation of the familiar with a state of t	ons of, Section 607.0505, Floand title if applicable. (NOT)	E: Registered 13. 1.1 TI 1.2 N. 1.3 S	TLE. AME	ignature required	(when reinstating)	DATE	ID DIRECT	FORS IN 12	200004 744 1000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with familiar with a state of the familiar with a support of familiar with, and accept the obligation of familiar with a support of familiar with	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS	E: Registerec 13. 1.1 TI 1.2 N 1.3 S 1.4 C	Agent si	ignature required	(when reinstating)	DATE	ID DIRECT	FORS IN 12	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	ons of, Section 607.0505, Floand title if applicable. (NOT)	E: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CC 2.1 TI	TLE AME TREET AL TTLE	ignature required	(when reinstating)	DATE	ID DIRECT	FORS IN 12	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: \$1-ZIP TITLE NAME	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	Agent signatures. Agent signatures. TLE. AME TREET AL ATY-ST-Z	ignature required	(when reinstating)	DATE	ID DIRECT	FORS IN 12	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with accept the	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS	E: Registeroc 13. 1.1 Π 1.2 N. 1.3 S 1.4 C 2.1 Π 2.2 N. 2.3 S	Agent signatures. TLE. AME TREET AL TREET AL TREET AL	ignature required DDRESS	(when reinstating)	DATE	ID DIRECT	FORS IN 12	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E: Registerect 13. 1.1 Π 1.2 N 1.3 S 1.4 C 2.1 Π 2.2 N 2.3 S 2.4 C	TLE. AME TREET AL TREET AL TREET AL TREET AL TREET AL TREET AL	ignature required DDRESS	(when reinstating)	DATE	ID DIRECT	ORS IN 12 Addition	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with accept the	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS	E: Registerect 13. 1.1 Π 1.2 N 1.3 S 1.4 C 2.1 Π 2.2 N 2.3 S 2.4 C 3.1 Π	TAgent signatures. TAgent signatures. TREET AL TREET AL TREET AL TREET AL TREET AL TREET AL	ignature required DDRESS	(when reinstating)	DATE	ID DIRECT Change	ORS IN 12 Addition	יייייייייייייייייייייייייייייייייייייי
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of familiar wi	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E: Registerect 13. 1.1 TI 1.2 N. 1.3 S' 1.4 CC 2.1 TI 2.2 N. 2.3 S' 2.4 CC 3.1 TI 3.2 N.	TILE AME TREET AL AME TREET AL	ignature required DDRESS DDRESS ZIP	(when reinstating)	DATE	ID DIRECT Change	ORS IN 12 Addition	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of familiar wi	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E: Registered 13. 1.1 1.2 N. 1.3 S 1.4 C 2.1 T 2.2 N. 2.3 S 2.4 C 3.3 S 3.3	Agent signatures. Agent signatures TREET AL AME TREET AL	DDRESS DDRESS DDRESS	(when reinstating)	DATE	ID DIRECT Change	ORS IN 12 Addition	יייייייייייייייייייייייייייייייייייייי
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of familiar wi	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E: Registered 13. 1.1 1.2 N. 1.3 S 1.4 C 2.1 T 2.2 N. 2.3 S 2.4 C 3.1 T 3.2 N. 3.3 S 3.4 C C C C C C C C C	Agent signates and agent signates. Agent signates and agent signates are agent signates and agent signates	DDRESS DDRESS DDRESS	(when reinstating)	DATE	ID DIRECT Change	ORS IN 12 Addition Addition	7,000,000
Office or ragent. I a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of familiar wi	ons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E: Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 C 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI	TLE AME TREET AL	DDRESS DDRESS DDRESS	(when reinstating)	DATE	DIRECT Change	ORS IN 12 Addition Addition	7,000,000
office or ragent. I a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E: Registered 13. 1.1 II 1.2 N. 1.3 S' 1.4 C 2.1 II 2.2 N. 2.3 S' 2.4 C 3.1 II 3.2 N. 3.3 S 3.4 C 4.1 II 4.2 N	J Agent si J Agent si	DDRESS DDRESS DDRESS DDRESS DDRESS	(when reinstating)	DATE	DIRECT Change	ORS IN 12 Addition Addition	7,000,000
Office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E Registerect 13. 1.1 Π 1.2 N 1.3 S 1.4 C 2.1 Π 2.2 N 2.3 S 2.4 C 3.1 Π 3.2 N 3.3 S 3.4 C 4.1 Π 4.2 N 4.3 S	I Agent si A	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	DIRECT Change	ORS IN 12 Addition Addition	7,000,000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered orida Stat 13.	I Agent si A	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	DIRECT Change	ORS IN 12 Addition Addition Addition	, recorded
office or ragent. I a agent. I a specific of ragent. I a specific of the speci	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of fam	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE	E Registerect 13. 1.1 Π 1.2 N 1.3 S 1.4 C 2.1 Π 2.2 N 2.3 S 2.4 C 3.1 Π 3.2 N 3.3 S 3.4 C 4.1 Π 4.2 N 4.3 S	Agent si Age	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition	, recorded
Office or ragent. I a agent. I a specific or ragent. I a specific or ragent. I a specific of the specific of t	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accep	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered orida Stat 13.	Agent si Age	DDRESS DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition	, recorded
Office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accep	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered orida Stat 13.	I Agent si A	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition	, recorded
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accep	Triorda. Such change was a cons of, Section 607.0505, Fide and title if applicable. (NOT) DIRECTORS DELETE DELETE DELETE	E: Registered orida Stat 13.	JULIES. JAGENT SI JAGENT	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	D DIRECT Change	Addition Addition Addition Addition	7.7001000
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accep	Triorda. Such change was a cons of, Section 607.0505, Fig. and title if applicable. (NOT) DIRECTORS DELETE DELETE	E: Registered orida Stat 13.	TILE AME TREET AL TITLE AME TREET AL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	D DIRECT Change	Addition Addition Addition Addition	7.7001000
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second of familiar with a second of familiar with accept the obligation of familiar with a second of famili	Triorda. Such change was a cons of, Section 607.0505, Fide and title if applicable. (NOT) DIRECTORS DELETE DELETE DELETE	E Registerect 13. 1.1 Π 1.2 N. 1.3 S 1.4 C 2.1 Π 2.2 N. 2.3 S 2.4 C 3.1 Π 4.2 N 4.3 S 4.4 C 5.1 Π 5.2 N 5.3 S 6.1 π 6.2 N	TILE AME TREET AL TITLE AME TREET AL	ignature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	(when reinstating)	DATE	D DIRECT Change	Addition Addition Addition Addition	7.7001000

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: