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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1	1996		•/	OF CORPO		ONS			
	OCUN Corporation	Name		040694	(9)					
	BOSA	JEWELR	Y, INC.					# 10 0 140 D1 (18 40)(1 0 10)(1 0 10)(0 01)(1 00)	ir 40(8) 00(8) 0(0) 0	811 6 8 119 8 4 6 114 8 181 4 6 81
Principal Place of Business Mailing Address										
117 N.E. FIRST AVE. 117 N.E. FIRST AVE SUITE 605 SUITE 605					VE.					
MIAMI FL 33132				MIAMI FL 33132				3. Date Incorporated or Qualified	3a. Date of I	act Report
								05/31/1994		6/1995
	Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			65-0582728		Not Applicable
22	Suite, Apt. #	r, etc.		27 Suite, Apr. #, etc	•			5. Certificate of Status Desired		8.75 Additional Fee Required
	City & State			Oty & State				6. Election Campaign Financing		\$5.00 May Be
23				28				Trust Fund Contribution		Added to Fees
24	Zip		Country 25	Zip 29	30 Co	ountry		8. This corporation has tability for Florida Statutes 🛈 Yes	intangible tax ur 	nder s. 199.032,
24		9. Name	and Address of Current I		130]			10. Name and Address of New F		nt
							Name			
BOSAKEVICH, MORRIS							Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
ļ	117 NE 1ST AVE.									
SUITE 605 MIAMI FL 33132						83				
MILANTI F L 55 152						84 City			FI 8	5 Zip Code
11	I. Pursuant to	the provisi	ons of Sections 607.0502 a	ng 607.1508, Florida St	atutes, the at	 00ve 1	l named corpo	ration submits this statement for the pured of directors. Thereby accept the app	rpose of changir	g its registered office
	or registere familiar with	ed agent, or h, and acce	both, in the State of Florida of the obligations of, Section	. Such change was autr n 607.0505, Florida Stati	ionzed by the utes.	corp	oration's boa	rd of directors. I hereby accept the app	ointment as regi	stered agent. I am
SI	GNATURE _									
12	Signature, typed or printeo name of registered agent and title if applicable OFFICERS AND DIRECTORS				(NOTE: Registered Agent squature regue 13.			red when renotating/ CATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIT		TD		DELETE	1 1	TITLE				hange 🔲 Addit-on
NA.	ME		EVICH, MANUEL		1.2	NAME				
\$1	REET ADDRESS		E. FIRST AVE.		1.3	STREET	ADDRESS			
	ry-ST-ZIP	PD	FL 33132	ET DELETE		CITY-S	I - 21P			hann El Additon
111			EVICH, MORRIS	☐ DELETE		TITLE NAME				hange [] Addition
	ME REET ADDRESS		E. FIRST AVE.				ADDRESS			
ł	TY-ST-ZIP		FL 33132			C-TY - S				
TII		VD		☐ DELFTE		TITLE			c	hange 🔲 Addition
NA	ME		EVICH, ABRAHAM		3.2	NAME				
ST	reet address		E. FIRST AVE.		33	STREE	I ADDRESS			
	IY-ST-ZIP	MIAMI	FL 33132	DELETE		CITY - S	IT - ZIP			hange
III NA	ME LE					TITLE NAME			ا ا	isange [] Audition
ļ	REET ADDRESS						ADDRESS			
}	TY-ST-ZIP					DIY-S	1			•
·	LE.			DELETE		TITLE			□ c	hange 🔲 Addition
ŀ	ME					NAME				•
Į.	REE1 ADDRESS						ADDRESS			
CI	ry-S1-ZIP			☐ DELETE		DITY-S TITLE	1- ZIP			hange Addition
ľ	ME.			[_] pecele		NAME				- 30 FT Linguisti

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 of trustee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or panged, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15. 46.11Y-S1-2IP

16. 4.11Y-S1-2IP

16. 4.11Y-S1-2IP

16. 4.11Y-S1-2IP

17. 4.12Y-S1-2IP

18. 5. 4.11Y-S1-2IP

18. 6. 4.11Y-S1-2IP

19. 6. 4.11Y-S1

6.3 STREET ADDRESS 6.4.0:1Y+ST+2:P

STREET ADDRESS

CITY-ST-ZIP