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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Socretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

1996

P94000047344 (4) DOCUMENT #

DESIGNERS TOUCH JEWELRY OF BROWARD COUNTY, INC.

Principal Place of Business Mailing Address 7500 W COMMERCIAL BLVD 7500 W COMMERCIAL BLVD LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1994 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. Ett Number Applied For 21 26 65-0501263 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERMAN, ALLEN 82 Street Address (P.O. Box Number is Not Acceptable) 7500 W COMMERCIAL BLVD LAUDERHILL FL 33319 83 84 City Zip Code 85 FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BERMAN, ALLEN NAME 1.2 NAME CR2E034 7500 W COMMERCIAL BLVD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33319 CITY-ST-ZIP 14 CHY-SI-7P TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DEFEIF 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHIY-ST-ZIP 3.4 CI1Y - ST - ZIP 117LE DELETE 4. 1 THE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - S! - 7IF TITLE TT DELETE 5 1 7 TLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY-ST-ZIP 5.4 CITY+ST-ZIP TITLE DELETE 6 TITLE ☐ Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 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), Fiorida 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 cath; that I am an officer or director of the comparation 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 in changed, as on an attachment with an address.

ALLEN BERMAN

X3-15-96

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