

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathiam

Secretary of State

4-1-96 32912 NC

DOCUMENT # P94000056067 (9)

1. Corporation Name

ARIES JEWELRY CORP.



Principal Place of Business

PEMBROKE LAKES MALL
STE 270
PEMBROKE PINES FL 33026
US

Mailing Address

PEMBROKE LAKES MALL
STE 270
PEMBROKE PINES FL 33025
US

2. Principal Place of Business

2a. Mailing Address

21

26

Subd., Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

29

25

30

9. Name and Address of Current Registered Agent

BARRIOS, LEONTE J
1449 S.W. 119TH AVENUE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0517189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0522 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

D
BARRIOS, LEONTE J
1449 S.W. 119TH AVENUE
PEMBROKE PINES FL 33025

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied to this filing is valid and true, and I do not qualify for the exemption statement in Section 119.07(4)(a), Florida Statutes. I further certify that the information included on this form, 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change of officer or agent attached with an address.

SIGNATURE:

Leonte Barrios President/Director 4/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)