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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400067515 (4)

LISTER JEWELERS, INC.

Principal Place of Business Mailing Address
334 MIRACLE MILE 334 MIRACLE MILE
CORAL GABLES FL 33134 CORAL GABLES FL 33134-5820
US

FILED Mar 24 1997 8:00am Secretary of State



				09/14/1994	04/12/1996
 Principal i 21 	hace of Business	2a. Mailing Address 26		4. FEI Number 65-0519665	Applied For Not Applicable
Suite, Apt	#, Ctc.	Suite, Apt. #, etc	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te:	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes 10. Name and Address of New Ro	Yes · No
110	9. Name and Address of Curr	ent negisteren Mann	81 Name	10, Harrie Bilo Address of Hee A	Spletered Agent
334 - AP 1	te, Daniel Miracle Mile 1. Pha Ral Gables Fl 33134		82 Street 6	drose (fr Og Ray) har to his Manants	1
			84 City -	20165	FI 85 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
office or	to the provisions of Sections 607.0 registered agent, or both, in the Staden familiar with, and accept the oblining arm, greater parts of along of registered.	ite of Florida, Such change was igations of Section 697,0505, Fl	authorized by the corpor	proporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.	the state of the s	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
Bill E	I D	DELETE	1 1 TITLE		Change Addition
NAME	LISTE, DANIEL		1.2 NAME	2228 (11) 2/9	th Trooper
STREET ADDRESS	2843 S. BAYSHORE DRIVE, APT PI-A MIAMI FL		12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2728 & W. 2544 TERRACE. 14 CITY-ST-ZIP 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CENTRAL CREET 16 CENTRAL CREET 17 CENTRAL CREET 18 CENTRAL C		
CITY ST ZIP			1.4 CITY-SY-ZIP	Miaui 20	33 <i>/3</i> 3
DILL	T	☐ DELETE	2 1 TITLE	160	Change Addition
NAME			2.2 NAME		
STREET ADDRESTS			2.3 STREET ADDRESS		
CITY ST ZP			2 4 CITY - ST - ZIP		
100		☐ DELETE	3 1 TITLE		Change Addition
NAME	İ		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY S1-7P	l		3.4. CITY - ST - ZIP	4	
THUE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZE		<u></u>	4.4 CITY-ST-ZIP		
111.E		DELÉTE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY ST Z61			5.4 CHTY-ST-ZIP		
Til.F		☐ DELETE	6.1 THLE		Change Addition
MAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CHY+S1+7#		A. M. A. P. P. A. P.	6.4 City - St - ZiP		
14. I do here	eby certify that the information supp	lied with this filing does not qual	ify for the exemption stal	ted in Section 119.07(3)(i), Florida Statut	es. I further certify that the

14. I do hereby certify that the information supplied with this hing does not quality for the exemption stated in Section 19.07(3)(i), Horida Statutes. From 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 owner 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

-20-97 (30

(905)445-436