

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

COHORPORATION
ANNUAL REPORT
1995



FLORIDA SECRETARY OF STATE
ANDREW C. McLELLAN
REDACTED
REDACTED

SECRETARY OF STATE
95 MAY -1 AM 11:27

DOCUMENT # P94000070661 (1)

JEWELS & DIAMONDS, INC.

474 NE 33 ST

BOCA RATON FL 33431

21691 S. STATE Rd 7

BOCA RATON FL 33428

474 NE 33 ST
BOCA RATON FL 33431

21. Principal Office Address

26. City, State, Zip Code

22. State of Incorporation

27. City, State, Zip Code

23. City, State, Zip Code

28. City, State, Zip Code

24. City, State, Zip Code

29. City, State, Zip Code

30. City, State, Zip Code

DE. TYPE IN WHITE IN THIS SPACE

3. State Incorporation Qualifed 3a. Date of Last Report
09/22/1994

4. ID Number Applied For
65-0534471 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation is liable for intangible tax under S. 109 (d)(2)
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALBKAUF, RAUL
474 NE 33 ST
BOCA RATON FL 33431

81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City FL Zip Code

11. Pursuant to the provisions of Sections 109.001, and 109.100, 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, in that there was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, I am familiar with, and understand the responsibilities of the same, and I accept it.

SIGNATURE

12. SIGNATURE AND TITLE OR POSITION

13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORSHIP

PSTD
NAME
KALBKAUF, RAUL
474 NE 33 ST
BOCA RATON FL 33431

NAME Change Addition
 Title Change Addition
 Position Change Addition

NAME
TITLE
POSITION

NAME Change Addition
 Title Change Addition
 Position Change Addition

NAME
TITLE
POSITION

NAME Change Addition
 Title Change Addition
 Position Change Addition

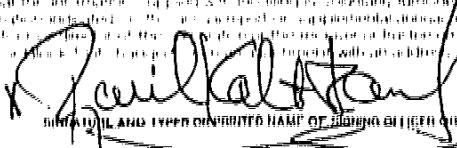
NAME
TITLE
POSITION

NAME Change Addition
 Title Change Addition
 Position Change Addition

NAME
TITLE
POSITION

NAME Change Addition
 Title Change Addition
 Position Change Addition

14. I declare, certify, that the information contained in the filing is accurate, true and complete, to the best of my knowledge and belief, for the corporation stated in Section 109.001, Florida Statutes. That this is the only document filed by this corporation with the Secretary of State, and that my corporation shall have the same legal effect as if made in the state of incorporation, and that my corporation shall be liable to the state of Florida for all taxes, fees, penalties, interest and costs imposed by the state of Florida, and that my corporation shall be liable to the state of Florida for all debts, obligations and liabilities incurred by my corporation with all creditors.

SIGNATURE: 
PRINTED AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

X 6/1/95 X 477-3455