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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400080573 (6)

BIG AL'S JEWELRY, INC.

	Principal Place of Business 7500 W COMMERCIAL BLVD FT LAUDERDALE FL 33319	Mailing Address 7500 W COMMERCIAL BLVD FT LAUDERDALE FL 33319-2132			
					ite of Last Report 29/1996
-	2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	21	26		65-0531619	Not Applica
	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
٠,٠	22	27		a. Cerimoate of status Desired	Fee Required
ġ.	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country 25	7ip Col	untry	8. This corporation has liability for intangible Florida Statutes Yes	tax under s. 199.032] No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			Agent		
	FIELD, ERNEST		81 Namo		
٠.	17335 NE 12TH AVE MIAMI FL 33162		82 Street	t Address (P.O. Box Number is Not Acceptable)	
			83		/
٠.			84 City	FL	85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	MOLEN, JODI	1.2 NAME				
STREET ADDRESS	7881 NW 90TH AVE	1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CHY-ST-ZIP				
TITLE	☐ DELETE	21 10 LE	☐ Change ☐ Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME)		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-S1-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME .		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CHY-ST-ZIP				
TITLE	DELETE	5.1 TITLE	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY - ST - ZIP				
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition }			
NAME		62 NAME				
STREET ADDRESS		63 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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, or on an atlachment with an address.

4/10/02

9. TV 749 2002

FILED

Apr 24 1997 8:00am

Secretary of State

Applied For Not Applicable