FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009007 (2)

1. Corporation Name

RAMOS JEWELRY & REPAIR, INC.

Principal Place of Business

8301 43RD WAY N
PINELLAS PARK FL 34665

Mailing Address

8301 43RD WAY N
PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: 01/30/1995

3a. Date of Last Report:

4. FEI Number: 59-3290586 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business

21 7200 US 19 N.
Suite, Apt. #, etc.
22 Pinellas Square Mall
City & State
23 Pinellas Park, FL
Zip
24 34665
Country
25 Pinellas

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

DUENO, HECTOR D
8301 43RD WAY N
PINELLAS PARK FL 34665

10. **Name and Address of New Registered Agent**

81 Name: Juan A. Ramos
82 Street Address (P.O. Box Number is Not Acceptable): 7200 US 19 N.
83 Pinellas Square Mall
84 City: Pinellas Park FL
85 Zip Code: 34665

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 [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
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NAME		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/V/T	[ ] Change [X] Addition
1 2 NAME	Juan A. Ramos	
1 3 STREET ADDRESS	4747 West Waters Ave. #1104	
1 4 CITY - ST - ZIP	Tampa, FL 33614	
2 1 TITLE	Secretary	[ ] Change [X] Addition
2 2 NAME	Ivette M. Dueno	
2 3 STREET ADDRESS	8301 43rd Way N.	
2 4 CITY - ST - ZIP	Pinellas Park, FL 34665	
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

CR2E034 (12/95)

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), 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 attachment with an address.

SIGNATURE: Juan A. RAmos [signature] — 3-29-96 — (813) 521-3387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #