| FILE NOW: | <b>FILING</b> | FEE A | FTER | MAY   | 1ST IS   | \$550.00     |
|-----------|---------------|-------|------|-------|----------|--------------|
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CORPORATION ANNUAL REPORT 1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022933 1, Corporation Name

YANINA JEWELERS, INC.

99 SEP 27 PM 1155



| Principal Place of Business                     | Mailing Address          | · · · · · · · · · · · · · · · · · · · | ~      |  | -{  |                                 |
|---|--------------------------|---------------------------------------|--------|--|---|---------------------------------|
| 21691 SOUTH STATE ROAD 7                        | 21691 SOUTH S            |                                       |        |  |   |                                 |
| BOCA RATON FL 33428                             | BOCA RATON FI            |                                       |        |  |   |                                 |
| DOON HITTORY TE BUILD                           | DOOM IMITOR I            | . 00120                               |        |  | DO NOT WRITE IN THIS SP   | ACE                             |
|   |                          |                                       |        |  | 3. Date Incorporated or Qualifed  |                                 |
|   |                          |                                       |        |  | 03/20/1995  |                                 |
| 2. Principal Place of Business                  | 2a. Mailing Add          | ress                                  |        |  | 4. FEI Number   | Applied For                     |
| 21  | 26                       |                                       |        |  | 65-0563515  | Not Applicable                  |
| Suite, Apt. #, etc<br>22                        | Suite, Apt #             | , etc.                                | -      |  | 5, Certificate of Status Desired  | 8.75 Additional<br>Fee Required |
| City & State                                    | City & State             |                                       |        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees  |                                 |
| 7(p) Country 24 25                              | 2ip                      | 30                                    | intry  |  | 8. This corporation owes the current year Intang Personal Property Tax. | Yes No                          |
| 9. Name and Address of Co                       | rrent Registered Agent   |                                       | $\Box$ |  | 10. Name and Address of New Registered Age                              | int /                           |
| 9. Name and Address of Current Registered Agent |                          |                                       | 81     | Name   |   |                                 |
| OLEYEK, YAN<br>4157 N.W. 6TH STREET             |                          |                                       | 82     | Street Addre   | ess (P.O. Box Number is Not Acceptable)                                 | 219                             |
| DEERFIELD BEACH FL 33442                        |                          |                                       | 83     |  | -10/05/39010<br>***\$550.00   | )9U~=UUT<br>***#550.00          |
|   |                          |                                       | 84     | City   |   | S Zip Code                      |
| 11. Pursuant to the provisions of Sections 607  | .0502 and 607.1508, Flor | ida Statutes, the a                   | bove   | named corpo  | oration submits this statement for the purpose of cha                   | nging its registered            |

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

|                 | Signature, typed or pricted name of registered agent and title if app | · - · ·   | Registered Agent signature require |                                     |        |            |
|-----------------|---|-----------|------------------------------------|-------------------------------------|--------|------------|
| 12.             | OFFICERS AND DIRECTORS  |           | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND D |        |            |
| 18.F            | D   | [] DELETE | 1.1 TITLE                          |                                     | Change | Addition   |
| NATE:           | OLETEK, YAN   |           | 12 NAME                            |                                     |        |            |
| STREET ADDRESS  | 4157 N.W. 6TH STREET  |           | 1.3 STREET ADDRESS                 |                                     |        |            |
| City St. 26     | DEERFIELD BEACH FL 33442  |           | 1.4 CITY-ST-ZIP                    |                                     |        |            |
| 1:"LF           |   | [] DELETE | 21 TITLE                           |                                     | Change | Addition   |
| NASS            |   |           | 22 NAME                            |                                     |        |            |
| STREET ADDRESS  |   |           | 2 3 STREET ADDRESS                 |                                     |        |            |
| Q15-\$1-2w      |   |           | 2 4 CiTY-ST-ZIP                    |                                     |        |            |
| TIFLE           |   | DELETE    | 31 TITLE                           |                                     | Change | Addition   |
| NVY             |   |           | 32 NAME                            |                                     |        |            |
| STREET ACKIRGS  |   |           | 33 STREET ADDRESS                  |                                     |        |            |
| CID+81-261      | <u> </u><br>  |           | 34. CITY-ST-ZIP                    |                                     |        |            |
| Tr., F          |   | [] DELETE | 4.1 TITLE                          |                                     | Change | Addition   |
| NAME            |   |           | 4. 2 NAME                          |                                     |        |            |
| STREET ADDRESS  |   |           | 4.3 STREET ADDRESS                 |                                     |        |            |
| City-St Zir     |   |           | 4.4 CiTY-ST-ZiP                    |                                     |        |            |
| 10.05           |   | DELETE    | 51 TITLE                           |                                     | Change | Addition   |
| MANY.           | ,   |           | 52 NAME                            |                                     |        |            |
| STREET ADDRESS  |   |           | 53 STREET ADDRESS                  |                                     |        | ΩV         |
| OTY ST Zie      |   |           | 54 CITY-ST-ZIP                     |                                     |        | N          |
| TIF             |   | [] DELETE | 6.1 TITLE                          |                                     | Change | Addition   |
| NO              |   |           | 6.2 NAME                           | 1/ • • 1/                           | 181    | <i>l</i> , |
| STREET ASHIRESS |   |           | 63 STREET ADDRESS                  | $\sim /W/ lm$                       | 1/20   | •          |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Norther certify that the information indicated on this annual report or supplemental annual report is true and accurate and fint 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 his required by Chapter 607. Florida Statutes, and that my name appears in Black 12 or Block 13 if changed, or on an attachment with an address, with all other 14 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR