SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

POCUMENT # P95000030881 (3)

Corporation Name	•	30000000001	10
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IALA JI	EWELRY, INC.								
Principal Place of Business 401 BISCAYNE BLVD. #N119. NORTH MIAMI FL		401 BISCAYN	Mailing Address 401 BISCAYNE BLVD. #N119. NORTH MIAMI FI						
_						3. Date Incorporated or Qualifie 04/17/1995	ed 3a. Da	ite of Last Report	
→ `	lace of Business	2a. Mailing ∆o	daress			4. FEI Number		Applied For	
Suite, Apt. :	4 _ A	[26]				62-0510)	Not Applicab	
30(6, Apr.)	#, etc.	Suite, Apt	, were			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	9	City & Sta				6. Election Campaign Financing		\$5.00 May Be	
23		28				Trust Fund Contribution	' []	Added to Fees	
Ζ φ	Country	Zip		Cau	ntry	8. This corporation has liability f	for intangible	tax under s. 199.032,	
24	25	29		30		Florida Statutes	Yes	No	
	9. Name and Address of Co	irrent Registered Ager	nt		81 Name	10. Name and Address of New	Registered #	Agent	
	Leymani, mohammad a				81 Name				
	BISCAYNE BLVD.			ļ	82 Street Add	Iress (P.O. Box Number is Not Accep	table)	· · · · · · · · · · · · · · · · · · ·	
	119, NORTH			}	83	·			
MIA	MI FL								
					84 City		FL	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607	.0502 and 607 1508, Fig	orida Statute	l es, the ab- uthorized	ove-named corp	poration submits this statement for the	purpose of c	changing its registered	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the c Secure Spectorp reduces the place	State of Florida, Such chabligations of, Section 60 engine and the daystante.	ange was a 07 0505, Flo	uthorized orida Statu t. hajibeta	by the corporati	ion's board of directors. Thereby accordance when restricts:	ept the appoi	ntment äs registeren	
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Unified certify that the information indicated on this standard report or supplemental annual report is true and accurate and that my's greater snall have the same, regardened as in 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 617. Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. All., Soleman.

SIGNATURE: And Typed of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Light Place 1.