

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

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # P95000031723 (6)

1. Corporation Name:

INTERNATIONAL JEWELRY MANUFACTURER'S CONSULTING,
INC.



Principal Place of Business:

22295 GUADELOUPE STREET
BOCA RATON FL 33433

Mailing Address:

22295 GUADELOUPE STREET
BOCA RATON FL 33433-4938

2. Principal Place of Business:

21 State, Apt. #, etc.:

22 City & State:

23 Zip:

Country:

24

2a. Mailing Address:

26 Suite, Apt. #, etc.:

27 City & State:

28 Zip:

Country:

29

30

3. Date Incorporated or Qualified:

04/20/1995

3a. Date of Last Report:

04/29/1996

4. FEI Number:

65-0582186

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:

☐

Yes

☐

No

9. Name and Address of Current Registered Agent:

MOSKOWITZ, MARVIN
22295 GUADELOUPE ST.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent:

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

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:

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE

NAME: MOSKOWITZ, MARVIN
STREET ADDRESS: 22295 GUADELOUPE STREET
CITY- ST- ZIP: BOCA RATON FL 33433

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:

CITY- ST- ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:

CITY- ST- ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:

CITY- ST- ZIP:

TITLE: ☐ DELETE

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: ☐ Change ☐ Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY- ST- ZIP:

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY- ST- ZIP:

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:

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Moskowitz 4/12/97

Daytime Phone #

0318360

CR2E034 (9/96)