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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039720 (4)

MALKA'S JEWELRY, INC.

Principal Place of Business Mailing Address 18861 BISCAYNE BLVD. 18861 BISCAYNE BLVD. NORTH MIAM! BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0594080 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name POSTELNEK, MARC ESQ. 407 LINCOLN RD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 11-B 83 MIAMI BEACH FL 33139 84 City Zip Code 85

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

SIGNATURE 5 unature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE X Change NAME STERN, MALKA 1.2 NAME 169 E. FLAGLER ST., #1023 STREET ADDRESS 36 N.E. 1ST ST., APT. #823 1.3 STREET ADDRESS MIAM! FL 33132 CITY - ST - ZIP 1.4 CITY - ST - ZIP MIAMI, FL DELETE TITLE 2.1 TITLE X Change NAME STERN. SHALOM 2.2 NAME 169 E. FLAGLER ST., +1023 STREET ADDRESS 36 N.E. 1ST ST., APT. #823 2.3 STREET ADDRESS CITY - ST - ZIP **MIAMI FL 33132** MIAMI, FL 33131 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-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 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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

N 4/10/98

FILED

Apr 20 1998 8:00am

Secretary of State