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

Mailing Address

SUITE 919

36 N.E. 1ST STREET

MIAMI FL 33132-2414

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

36 N.E. 1ST STREET

SUITE 919

MIAM! FL 33132

DOCUMENT # P95000041903 (2)

JR ENTERPRISES & JEWELERS, INC.

							3. Date Incorporated or Qualified 05/26/1995		te of Last R 18/1996	eport	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		plied For		
21		26					65-0589138		No	t Applicable	
Suite, Apt	#, etc	Suite, <i>I</i>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State	9	}···¬ *	City & State				6. Election Campaign Financing		\$5.00	May Be	
23 Zip	Country	28	· † · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution Added to Fee					
	25	Zip		Count	uy		8. This corporation has liability for			. 199,032,	
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
KOTLYAR, ALEKSEV					B1 Name						
20441 NE 30TH AVE.											
APT. 310					82 Street Address (P.O. Box Number is Not Acceptable)						
AVENTURA FL 33180					33				***************************************		
					4	City			les Zio	Code	
						•		FL			
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											
12.	Signature Aprodior printed name of registered a OF CICERS A	gert and tile if applicabl ND DIRECTORS	e (NOTE	Registered A	Agen	it signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DEDC AND	DIDECTOR	O IN 40	
TITLE	D	IND OINLOTONS	DELETE	1.1 TITLE	F		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	KOTLYAR, ALEKSEV			1.2 NAM					- Unango	radiion	
STREET ADDRESS	COARLAND COTH AND MID ADT ORO				1.3 STREET ADDRESS					•	
CITY - ST - ZIP	AVENTUDA EL 39100				1.4 CITY-ST-ZIP						
THILE	D		DELETE	2.1 TITLE		-111			Change	Addition	
NAME	YAROSHEVSKY, MARAT			2.2 NAM	1E						
STREET ADDRESS	20441 N.E. 30TH AVENUE, A	PT. 310		2.3 STRE	EET A	NODRESS	·				
CiTY-ST-ZiP	AVENTURA FL 33180			2. 4 CITY	Y-51	1- <i>1</i> 9P			•		
TITLE			DELETE	3.1 TITLE	E				Change	Addition	
NAME				3.2 NAM	1E						
STREET ADDRESS				3.3 STRE	EET A	ADDRESS					
CITY - ST - ZIP	**************************************	·		3.4. CITY	Y-ST	i-ZIP					
TITLE			DELETE	4.1 TITLE	E				Change	Addition	
N.4ME				4. 2 NAM	۸E						
STREET ADDRESS						ADDRESS					
CHY-ST-ZIP TITLE			DELETE	4.4 CITY		-ZIP			Change	1 delition	
NAME			- DECEIE	5.1 TITLE					L. Change	☐ Addition	
				5.2 NAMI		I DODGE CC					
STREET ADDRESS City+S1+ZIP				1		ADORESS					
THE			DELETE	5.4 CITY 6.1 TITLE	*******	-217			Change	Addition	
NAME:				6.2 NAM							
STREET ADDRESS				6.3 STRE	ET A	ADORESS					
City - ST - 7IP				6.4 CITY							
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: HEX Letter OF SIGNING OFFICER OR DIRECTOR Date OF SIGNING OFFICER OR DIRECTOR Date Of Clayling Proce #											