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

DOCUMENT # P95000048191 (7)

LAFER JEWELERS, INC.

551 NE 79 ST	Principal Place of Business Mailing Address					ı debitabi ilid kirint etirit Ebiti matkı dikiri ediri atanı ilirdi kiştin caları kırır şanf			
551 NE 79 ST 551 NE 79 ST MIAMI FL 33138-4518									
						Date Incorporated or Qualified 06/20/1995		te of Last 1 1/1996	Report
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0588619			pplied For of Applicab
Suite, Apt.	#, elC.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	10	City & State				Election Campaign Financing Trust Fund Contribution	0		May Be to Fees
Zip 4	Country 25	Z _I p 29	30 Cou	intry] Yes [] No	s. 199.032,
	g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
1550 NE MIAMI GARDENS DR SUITE 407				81	Name				
				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
				~	Silber Additi	oress (P.O. box intrincer is not Acceptable)			
				83					
** **			ļ					11	
				84	City		FL	85 Zip	Code
11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obli	i02 and 607.1508, Florida S te of Florida. Such change v gations of, Section 607.050!	tatutes, the at vas authorized 5. Florida Stat	bov€ d by	e-named corpo the corporation	ration submits this statement for the p on's board of directors. I hereby accep	outpose of of the appo	changing pintment a	its registere s registerec
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered		ant signature require	d when reinstating)	DATE		
SIGNATURE	OFFICERS A	gent and title if applicable. ND DIRECTORS	(NOTE: Registered	d Age			DATE	DIRECTO	RS IN 12
SIGNATURE 12. TILE	OFFICERS AI	gent and title if applicable.	(NOTE Registered	d Age		d when reinstating)	DATE		RS IN 12
SIGNATURE 12. HILE NAME	OFFICERS AI VD DAVIS, RONALD L	gent and title if applicable. ND DIRECTORS	(NOTE Registered 13. 1.1 Til 1.2 N/	d Age TLE AME	ant signature require	d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AI VD DAVIS, RONALD L 19920 NE 22 CT	gent and title if applicable. ND DIRECTORS	(NOTE: Registered 13. 1.1 Til 1.2 N/ 1.3 ST	d Age TLE AME TREET	ADDRESS	d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. 1itle NAME STREET ADORESS City-St-Zip	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and tille if applicable. ND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 TII 1.2 No 1.3 ST 1.4 CI	d Age TLE AME TREET ITY-S	ant signature require	d when reinstating)	DATE	DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable. ND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 Til 1.2 N/ 1.3 ST 1.4 Cl	d Age TLE AME TREET ITY-S TLE	ADDRESS	d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. IIILE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable. ND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 Til 1.2 N/ 1.3 ST 1.4 Cl	d Age TLE AME TREET ITY-S TLE AME	ADORESS	d when reinstating)	DATE	DIRECTO Change	RS IN 12
SIGNATURE 12. HITE NAME STREET ADDRESS CHY-SI-ZIP HITE VAME STREET ADDRESS	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable. ND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 Til 1.2 N/ 1.3 ST 1.4 Cl	d Age TLE AME TREET ITY-S TLE AME	ADDRESS T-ZIP ADDRESS	d when reinstating)	DATE	DIRECTO Change	RS IN 12
SIGNATURE 12. HITLE NAME STREET ADDRESS CITY-SI-ZIP TILLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable ND DIRECTORS DELETE DELETE DELETE A A A A A A A A A A A A A A A A A A A	(NOTE Registered 13. 1.1 TII 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C	TLE AME TREET TTY-S TLE AME TREET	ADORESS	d when reinstating)	DATE	DIRECTO Change	RS IN 12 Addin
SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable. ND DIRECTORS DELETE	(NOTE Registered 13. 1.1 Til 1.2 NV 1.3 ST 1.4 Cl 2.1 Til 2.2 NV 2.3 ST 2.4 Cl 3.1 Til 3.1 Til 3.1 Til 4.2 Til 5.2 Til 6.3 Til 7.3 Til 7.4 Til 7.4 Til 7.5 Ti	d Aga TLE AME TREET ITY-S TLE AME TREET	ADDRESS T-ZIP ADDRESS	d when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addin
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable ND DIRECTORS DELETE DELETE DELETE A A A A A A A A A A A A A A A A A A A	(NOTE Registered 13. 1.1 Til 1.2 M 1.3 ST 1.4 CI 2.1 Til 2.2 N/ 2.3 ST 2.4 CI 3.1 Til 3.2 N/	d Age TLE AME TREET TLE AME TREET TLE TREET TLE AME	ADDRESS ST-ZIP ADDRESS ST-ZIP	d when reinstating)	DATE	DIRECTO Change Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable ND DIRECTORS DELETE DELETE DELETE A A A A A A A A A A A A A A A A A A A	(NOTE Registered 13. 1.1 Til 1.2 NV 1.3 ST 1.4 CI 2.1 Ti 2.2 NV 2.3 ST 2.4 C 3.1 Ti 3.2 NV 3.3 ST	TLE AME TREET TITY-S TLE AME TREET TREET TLE AME TREET	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS	d when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addit
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AT VD DAVIS, RONALD L 19920 NE 22 CT N MIAMI BEACH FL 33180	gent and title if applicable ND DIRECTORS DELETE DELETE DELETE A A A A A A A A A A A A A A A A A A A	(NOTE Registered 13. 1.1 Til 1.2 M 1.3 ST 1.4 CI 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 C	d Age TLE TREET TITY-S TLE TREET TLE TREET TLE TLE TLE TLE TLE TLE TLE TLE TLE	ADDRESS ST-ZIP ADDRESS ST-ZIP	d when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addin

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 of 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 particle, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2/11/97 (45) 846-2352

Change

Change

Addition

■ Addition

FILED

Feb 21 1997 8:00am

Secretary of State