

**PROFIT
CORPORATION
ANNUAL REPORT
1 9 9 7**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # *P95000049745*

1. Corporation Name

**BEST SELLERS JEWELRY CORP
WORLDWIDE GOLD & DIAMONDS**

Principal Place of Business Mailing Address
**20505 US Hwy 19 N
Clearwater FL 34624 same**

3. Date of Incorporation or Qualified	3a. Date of Last Report
7/1/95	
4. FEI Number	Applied For Not Applicable
59-3322421	
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Ioannis Hatziliias 7211 - 2 Av S St Pete FL 33707		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE _____
Signature must be printed and dated. Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HATZILIAS, IOANNIS	1.2 NAME	
STREET ADDRESS	7211-2 AVE SOUTH P/S	1.3 STREET ADDRESS	
CITY/STATE	ST. PETE. FL	1.4 CITY/ST./ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VP/T	2.2 NAME	
STREET ADDRESS	Richard Grimes	2.3 STREET ADDRESS	
CITY/STATE	c/o 20505 US 19 N Clrwtr FL	2.4 CITY/ST./ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY/STATE		3.4 CITY/ST./ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY/STATE		4.4 CITY/ST./ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY/STATE		5.4 CITY/ST./ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY/STATE		6.4 CITY/ST./ZIP	

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*****165.00**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **IOANNIS HATZILIAS** **4/30/97** **8134601834**
Signature and name of signing officer or director Date Telephone

CR2E034 (12/95)