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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000025268 (9)

INTER	NATIONAL DESIGN JEWELI	ers, inc.	•					
Principal Plac	ce of Business	Mailing Address			···	-{	A 14881 BILLO 11818 BIFAF TRIL HAR	
8221 GLADE SUITE 101 BOCA RATO		8221 GLADES ROAD SUITE 101 BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						03/11/1996		
	Place of Business	2a, Mailing Address	;			4. FEI Number	Applied For	
21	H at-	26				65-0685809	Not Applicat \$8.75 Additional	
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	Fee Required	
City & State		City & State			*	6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the	e current year Intangible	
24	25 29 30				Personal Property Tax due June 30. Yes No			
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	red Agent	
W.	ARM, STEVEN ESQ.		J	81	Name			
	01 CORPORATE BLVD., SUITE 2	215		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BO	OCA CORPORATE CENTER							
B(	OCA RATON FL 33431			83				
				84	City		85 Zip Code	
					•		┢╸ <mark>┃</mark>	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change gations of, Section 607.050	was authorize 05, Florida Sta	ed by atutes	the corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the		Ĕ
	Signature, typed or printed name of registered ag				nt signature require	d when reinstating) DA		
12.	T	ID DIRECTORS  DELET	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	Change Addit	ion.
TITLE	D BEDEOND LAWDENCE	L. DELEI		TITLE			C) cuango C Noun	ion
NAME	BERFOND, LAWRENCE			NAME	.000000			
STREET ADDRESS 10314 N.W. 54TH PLACE CORAL SPRINGS FL 33076				1.3 STREET ADDRESS 1.4 City-St-Zip				
CITY-ST-ZIP TITLE	D CONAL SPRINGS PL 33070	DELET			-ZIP		☐ Change ☐ Addit	ion
			I -	2.1 TITLE 2.2 NAME				
NAME PROFEST ADDRESS	BERFOND, BERNARD 8221 GLADES ROAD		4		ADDRESS			
STREET ADDRESS	BOCA RATON FL 33431							
CITY-ST-ZIP TITLE	DOOM HATOIT I L 33431	☐ DELET		CITY-S' TITLE	1-40		Change Addit	ion
NAME				NAME			• — ···	
STREET ADDRESS	1				ADDRESS			
CITY-ST-ZIP			1	CITY-SI				
TITLE	<del> </del>	DELET		TITLE			Change Addit	ion
NAME				NAME			<del>-</del>	
STREET ADDRESS					AODRESS			
CITY-ST-ZIP				CITY-ST				
TITLE		DELET		TITLE			☐ Change ☐ Addit	ion
NAME			•	NAME				
STREET ADDRESS			535	STREET /	ADDRESS			
CITY-ST-ZIP				CITY-ST				
TITLE		DELET		TITLE			☐ Change ☐ Addit	ion
NAME			6.2 1	NAME				
STREET ADDRESS					ADDRESS			
3	1 .							

14. I 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.

1. M. CCE-NI

**FILED** 

Feb 25 1998 8:00am

Secretary of State