


FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047712 (0)			
1. Corporation Name LOUISE'S JEWELRY, INC.			
Principal Place of Business 2391 E GOLF DRIVE MIAMI FL 33167		Mailing Address 2391 E GOLF DRIVE MIAMI FL 33167-1362	
2. Principal Place of Business		2a. Mailing Address	
21		26	P.O. Box 682019
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	Miami, FL
Zip		Zip	
24		29	33168
Country		Country	
25		30	Dade
9. Name and Address of Current Registered Agent			
WOLFE, LARRY 200-A JOHN KNOX RD TALLAHASSEE FL 32302-6643			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with and accept the obligations of. Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
12.	D	<input type="checkbox"/> DELETE	13.
TITLE	GARDNER, JUANITA		1.1 TITLE
NAME	2391 E GOLF DRIVE		1.2 NAME
STREET ADDRESS	MIAMI FL 33167		1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			