

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

**FILED**

**Jun 03 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 # P96000067328 (0)**

1. Corporation Name  
**O. F. JEWELERS, INC.**



Principal Place of Business      Mailing Address  
**2851 NORTH EAST 183RD STREET  
APARTMENT 1607  
N. MIAMI BEACH FL 33160**      **2851 NORTH EAST 183RD STREET  
APARTMENT 1607  
N. MIAMI BEACH FL 33160-2143**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/13/1996**

2. Principal Place of Business      2a. Mailing Address  
21 **2910 Oakwood Blvd.**      26 **same.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **Hollywood, Fla.**      28  
Zip      Country      Zip      Country  
24 **33020**      25 **USA**      29      30

4. FEI Number      Applied For  
**650690191**      Not Applicable  
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

9. Name and Address of Current Registered Agent  
**OLEK, HOWARD  
2851 NORTH EAST 183RD STREET  
APARTMENT 1607  
N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent  
81 Name      **Howard Olek**  
82 Street Address (P.O. Box Number is Not Acceptable)      **2851 NE 183 ST.**  
83      **Apt. 1607**  
84 City      **N. Miami Beach**      FL      85 Zip Code      **33160**

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      *Howard Olek*      **Howard Olek**      **4/11/97**  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when translating)      DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>President</b>	<input type="checkbox"/>
NAME	<b>Morris Peter</b>	
STREET ADDRESS	<b>2910 Oakwood Blvd.</b>	
CITY-ST-ZIP	<b>Hollywood, Fla. 33020</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/>
NAME	<b>Howard Olek</b>	
STREET ADDRESS	<b>2910 Oakwood Blvd.</b>	
CITY-ST-ZIP	<b>Hollywood, Fla. 33020</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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.

CR2E034 (9/96)