

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
**Aug 29 1997 8:00am**  
**Secretary of State**

**DOCUMENT #** PA6 000084196

1. Corporation Name

J.H's Jewelry Inc

Principal Place of Business

Mailing Address

5300 NW 57th Way

5300 NW 57th Way

Coral Springs FL 33067

Coral Springs FL 33067

2. Principal Place of Business

2a. Mailing Address

21 5300 NW 57th Way

26 5300 NW 57th Way

22

27 Suite Apt. #, etc

City & State

23 Coral Springs FL

City & State

27 Coral Springs FL

Zip

24 33067

Country

25 Brazil

Zip

28 33067

Country

30 Brazil

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANCINI, FRANK J  
2128 Hollywood Boulevard  
Hollywood FL 33020

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

Same

84 City

Same

FL

85 Zip Code

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.

SIGNATURE

(Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME PD IK PYO HONG

STREET ADDRESS 5300 NW 57th Way

CITY-ST-ZIP Coral Springs FL 33067

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002282064  
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\*\*\*550.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/97 (954) 984-8917

Date Daytime Phone #

CR2E034 (9/96)

RAW  
8-29-97