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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100942

IMPERIAL JEWELERS, INC.

Principal	Place	of	Business
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Mailing Address

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90028 043 ***150.00



	STATE ROAD 7 #4	BOCA RATON FL 33428	/ #4			•				
BOCA RATON FL 33428 BOCA RATON FL 33428					1	DO NOT WRITE IN THIS SPACE				
	•				3. Date Incorpora	ated or Qualifed				
					12/13/1996	3				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		App	olied For			
21 26				65-071324	3	Not	Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Addition				
27				5. Certificate of S	5. Certificate of Status Desired Fee Required					
City & State City & State				1 "			, \$5.00 i			
23 28			-				Added to	Fees		
Zip	Country	Country Zip Country			This corporation owes the current year Intangible					
24	25 29 30			Total Articles				□No		
	9. Name and Address of Current F			T	10. Name and Ad	ddress of New Registere	ad Agent			
DI II		HIS AND A	81	Name		in the second second				
BULANOV, ALAN			82	Street Ad	ddress (P.O. Box Numb	ress (P.O. Box Number is Not Acceptable)				
21691 SOUTH STATE ROAD 7 #4					#45 E 15	Harabara and Anna		1 d 2 + 9 + 2 + 1		
; BOC	A RATON FL 33428		. 83		9 (19 8) 1 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	· · · · · · · · · · · · · · · · · · ·				
*		· ·	84	City		2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip C			
Same and the same	to the provisions of Sections 607.0502	1007 4500 FL 11 04-4 4-				totament for the purpose	of changing its	registered		
agent. I a	to the provisions of Sections 607, 0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auti ns of, Section 607.0505, Florid	norized by a Statutes	the corpora	ation's board of director	s. I hereby accept the ap	pointment as reg	istered		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	ecistered Age	nt signature reg	uired when reinstating)	DATE				
12.	OFFICERS AND		13.			HANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		T. 377 (4)		☐ Change	☐ Addition		
NAME	BULANOV, ALAN		1.2 NAME							
STREET ADDRESS 21691 SOUTH STATE ROAD 7 #4			1.3 STREE	TADORESS			•			
CITY-ST-ZIP BOCA RATON FL 33428			1.4 CITY-S	Į.						
TITLE		☐ DELETE	2.1 TITLE				Change	Addition		
NAME			2.2 NAME			* * * * * * * * * * * * * * * * * * *	•			
				STREET ADDRESS						
STREET ADDRESS	C. P. D. C.				•					
CITY-ST-ZIP		● DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP		<u> </u>	☐ Change	Addition		
TITLE	Control of the second		3.2 NAME		. '	•	. – •			
NAME ,				T +0000000						
STREET ADDRESS	· 排析性中央。			TADDRESS		17 :金髓 :根類:				
CITY-ST-ZIP	· · · · · ·	☐ DELETE	3.4. CITY-1	ST-ZIP	•		1. Fil Change	Addition		
			4. 2 NAME	-			•			
	SHALL FOR A COMMENT OF THE SHALL SHA			i	••					
STREET ADDRESS				TADORESS	,					
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	ST-ZIP		,	☐ Change	Addition		
TITLE	•	☐ DÉLETE	5.1 TITLE	1	· 4	-				
NAME	, ,		5.2 NAME	T 4000000			•			
STREET ADDRESS	13			TADDRESS		4		}		
CITY-ST-ZIP	La region and the second		5.4 CITY-5	ST-ZIP		· -	[] (Addition		
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME			6.2 NAME				•	1		
STREET ADORESS	等的 网络音音		6.3 STREE	TADDRESS				1		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		·				

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, with all other like empowered.