2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036313

TROCHE JEWELRY, INC.

MOLINA, JULIO

SIGNATURE

11.

-TITLE

NAME

TITLE

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NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

8614 BRACKENWOOD DR. ORLANDO FL 32829

9. This corporation is eligible to satisfy its Intangible

TROCHE, FATIMA

1731 BRANCHWATER

ORLANDO FL 32825

Tax filing requirement and elects to do so.

(See criteria on back)

Principal Place of Business Mailing Address 1731 BRANCHWATER 1731 BRANCHWATER **** FL 32825 ORLANDO FL 32825-8508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip

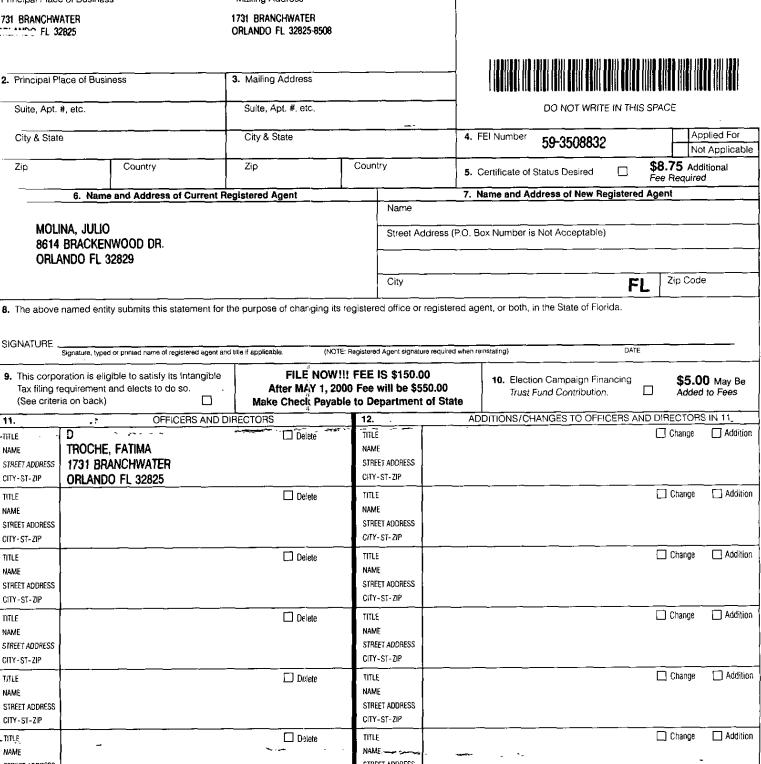
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90034 047 ***150.00



13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (9/99)