

P99000292921
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

900003018929--5
-10/19/99-01085-016
****131.25 *****37.50

SUBJECT: NEW CONCEPTS OF JEWELERY , INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: SHAHIDA KHAN
Name (printed or typed)
6161 SAVOY DRIVE SUITE 1020
HOUSTON , TEXAS 77036
Address
HOUSTON , TEXAS 77036
City, State & Zip
(713) 977- 0488
Daytime Telephone number

FILED
99 OCT 19 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

10-21
100

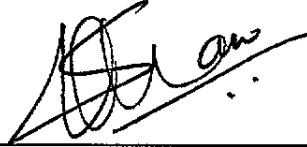
ARTICLE VIII

The name and the address of the incorporator is:

Shahida Khan

6161 Savoy Dr. Suite 1020
Houston, Texas 77036

The undersigned incorporator has executed these articles
Of incorporation this 18th day of October, 1999.

A handwritten signature in black ink, appearing to read 'Shahida Khan', written over a horizontal line.

Shahida Khan

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

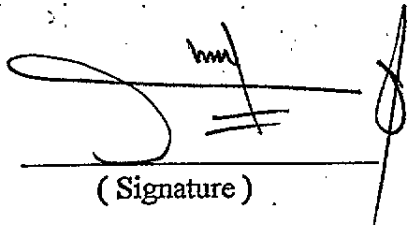
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PURSUANT TO THE PROVISIONS OF SECTION 604.0501, FLORIDA STATUTES THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMIT THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT , IN THE STATE OF FLORIDA.

1. The name of the corporation is NEW CONCEPTS OF JEWELERY , INC.
2. The name and address of the registered agent and office is :

Name : TARIQ MEHMOOD
Address : 451 ALTAMONTE AVENUE
K - 12
SPRINGS , FL 32701

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate , I hereby accept the appointment as registered agent and agree to in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties , and Iam familiar with and accept the obligations of my position as registered agent.


(Signature)

10.18.99
(Date)