FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10439 (5)

1. Corporate Name
GOLDEN LYNX JEWELRY, INC.

Principal Address
% CABOT
P.O. BOX 7503
FT LAUDERDALE FL 33338

Mailing Address
% CABOT
P.O. BOX 7503
FT LAUDERDALE FL 33338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 05/10/1994

2. FEI Number: 65-0232110 — Applied For / 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. Does corporation qualify for exemption tax under § 193.032 Florida Statutes ☐ Yes ☐ No

21 Street Address
22 Suite, Apt. #
23 City
24 State
25 Zip
26 Mailing Address
27 Suite, Apt. #
28 City & State
29 State
30 Zip

9. Name and Address of Current Registered Agent
ROTH, LYNNE
10101 GLADES ROAD
SUITE 6225
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTH, LYNNE
STREET ADDRESS	19605 J SO SR 7
CITY, ST, ZIP	BOCA RATON FL
TITLE	VD
NAME	ROTH, DAVID
STREET ADDRESS	19605 J SOUTH SR 7
CITY, ST, ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is accurate and complete and that I am aware that false information submitted to a public officer may subject me to civil or criminal penalties. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be made under oath as if made under oath before a notary public. I am aware that false information submitted in a document to the department of state may violate the provisions of Section 817.155, Florida Statutes, and that my signature shall have the same legal effect as if made under oath before a notary public.

SIGNATURE: Lynne Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 561-8565
DATE TELEPHONE

0241320 CP