

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **531175** (0)  
1. Corporation Name  
**UNITED Jewelers, Inc.**

Principal Place of Business: **7868 Seminole Mall  
Seminole, FL 34642**  
Mailing Address: **7868 Seminole Mall  
Seminole, FL 34642**

3. Date Incorporated or Qualified: **02/12/1991** 3a. Date of Last Report: **05/01/95**  
4. FEI Number: **59-3052051** Applied For: ☐ Not Applicable: ☐  
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN NGUYEN LAU**  
**7868 Seminole Mall**  
**Seminole, FL 34642**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL 85**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D NGUYEN, LAU VAN** ☐ DELETE  
NAME: **5726 20TH AVE N.**  
STREET ADDRESS: **ST PETERSBURG, FL 33710**  
CITY-ST-ZIP:  
TITLE: **D** ☐ DELETE  
NAME: **TRUONG, HUNG THI**  
STREET ADDRESS: **5726 20TH AVE N.**  
CITY-ST-ZIP: **ST PETERSBURG, FL 33710**  
TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE: ☐ Change ☐ Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE: ☐ Change ☐ Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE: ☐ Change ☐ Addition  
4.2 NAME: **400001802754**  
4.3 STREET ADDRESS: **05/01/96--01019--017**  
4.4 CITY-ST-ZIP: **\*\*\*200.00**  
5.1 TITLE: ☐ Change ☐ Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE: ☐ Change ☐ Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAU VAN NGUYEN 04/23/96**

Date

**813-577-7578**

Daytime Phone #

CR2E034 (12/95)