

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S46196** (9)

1. Corporation Name

**BIJOUX ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

~~780 NW LE JEUNE RD.~~  
~~SUITE 400~~  
MIAMI FL 33126-5536

~~780 NW LE JEUNE RD.~~  
~~SUITE 400~~  
MIAMI FL 33126-5536

2. Principal Place of Business

21 **13 Bijoux Plaza**

Suite, Apt. #, etc.

22 **RADISSON MART**

City & State

23 **755 NW 72 Avenue**

Zip

24 **33126**

Country

25 **USA**

2a. Mailing Address

26 **782 NW LeJeune Road**

Suite, Apt. #, etc.

27 **Suite 548**

City & State

28 **Miami Florida**

Zip

29 **33126**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M.**

~~780 NW LE JEUNE ROAD~~

~~SUITE 400~~

~~MIAMI FL 33126~~

3. Date Incorporated or Qualified

**04/18/1991**

3a. Date of Last Report

**07/06/1995**

4. FEI Number

**65-0206400**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

**JOSE M. MARQUEZ, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)

**782 NW LeJeune Road,**

83

**Suite 548**

84 City

**Miami**

**FL**

85

**Zip Code 33126**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jose Marquez*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP TENNER, SALOMON**

STREET ADDRESS ~~7200 NW 75TH STREET~~

CITY-ST-ZIP ~~MIAMI FL 33126~~

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

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 **DP TERNER, Salomon**

1.3 STREET ADDRESS **13 Bijoux Plaza, Radisson Mart**

1.4 CITY-ST-ZIP **755 NW 72 Ave., Miami, Fl. 33126**

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 initial 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 in change or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (305) 266-2211

Date Daytime Phone #

CR2E034 (12/95)