

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:21

DOCUMENT # **S48032** (4)

1. Corporation Name
N.Y. 47 STREET JEWELRY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
55 NE 1 STREET STE 10 MIAMI FL 33132 US		55 NE 1 STREET SUITE 10 MIAMI FL 33132 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
State, Apt. #, etc.		State, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/25/1991	02/01/1994
4. FEI Number	Applied For
65-0264696	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HIAMOV, ALEX
55 N.E. 1ST STREET
SUITE 10
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	ALEX HAIMOV
82 Street Address (P.O. Box Number is Not Acceptable)	
83	55 NE 1st St. # 10
84 City	MIAMI
85 State	FL
86 Zip Code	33132

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Alex Haimov* **ALEX HAIMOV - PRESIDENT** DATE: **2-15-95**

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ALISHAEV, SIMON
STREET ADDRESS	11077 BISCAYNE BLVD PH
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	HIAMOV, ALEX
STREET ADDRESS	11077 BISCAYNE BLVD PH
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEX HAIMOV	
1.3 STREET ADDRESS	55 NE 1st St. # 10	
1.4 CITY, ST, ZIP	MIAMI FL 33132	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 deemed equally for the exemption stated in Section 119.07(3)(b), 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 of this report as an attachment with an address.

SIGNATURE: *Alex Haimov* **ALEX HAIMOV, PRESIDENT** DATE: **2-15-95** (301) 371-8708