FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$48032 HAIMOV & SONS JEWELRY, INC.

(4)

Mailing Address

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Feb 1	1 199	97 8:00a	am
Sec	retary	of Stat	te

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S5 NE 1 STRE STE 10 MIAMI FL 3313 US		SS NE 1 STREET Suite 10 Miami FL 33132-2428 US				3. Date Incorporated or Qualified 04/25/1991		te of Last R 4/1996	leport
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	<u></u>	Ar	oplied For
21		26				65-0264696		No	ot Applicable
Suite, Apt 22		Suite, Apt. #. etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & Sta	ote:	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip 24	Country 25	2ιρ 29	30 Cou	ntry		8. This corporation has flability for i Florida Statutes	ntangible : Yes [. 199.032,
	9. Name and Address of C	urrent Registered Agent		\equiv		10. Name and Address of New Re	distered A	gent	
	IMOV, ALIK			81	Name				
SUI	NE 1ST STREET #10 ITE 10		ļ	82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
MIA	VMI FL 33132			83					
				84	City		FL	85 Zip	Code
off-se or	registered agent, or both, in the am familiar with, and accept the	State of Florida Such change was obligations of, Section 607.0505, F	authorized lorida Stat	d by utes	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appo	changing in hintment as	ts registered registered
 	Signature, typed or printed name of register			J Age	nt signature requ	uired when reinstating)	DATE	OIOCOTO!	20 111 40
12.	I PST	S AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS AND	☐ Change	AS IN 12
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NAME CTOCCT MENOLOGI	11077 DICCAVNE DI VID D	Н			ADDRESS				
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NAME			2.2 NA		1		,		_
STREET ADDRESS					ADDRESS				
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STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY - S1 - 7(P			4.4 C/	1Y-8	T-ZIP				
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CITY-ST-ZIF					T-ZIP	d to 0 - 10 - 140 07/07/2 Et . 11 C:			
L 14 Ldobos	aby cartify that the information st	maked with this films does not due	uty for the	AVA	motion state	ed in Section 119 07(3)(i). Florida Statute.	e tfurther	certify that	the

I do necessy certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 regiver 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 containing the state of the corporation or the regiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Alik Haimov 2/10/97 (305)371-8705