FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S96453** **(3)**

1. Corporation Name
A TOUCH OF CLASS JEWELERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
~~300 FARMINGTON DR~~ ~~PLANTATION FL 33317~~	300 FARMINGTON DR PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business (21): 3291 W. SUNRISE BLVD.
Suite, Apt. #, etc. (22): SECOND FLOOR
City & State (23): FT. LAUDERDALE, FL
Zip (24): 33311 County (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): County (30):

4. FEI Number: 65-0295751 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TORCHIN, DAVID
8211 W BROWARD BLVD.
STE 200
PLANTATION FL 3324

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TORCHIN, TED	12 NAME	
STREET ADDRESS	300 FARMINGTON DR	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	TORCHIN, SHIRLEY	22 NAME	
STREET ADDRESS	300 FARMINGTON DR	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
TITLE	TDS	31 TITLE	☐ Change ☐ Addition
NAME	TORCHIN, DAVID	32 NAME	
STREET ADDRESS	1776 N PINE ISLAND RD	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	TORCHIN, REESA	42 NAME	
STREET ADDRESS	15801 W WATERSIDE CIR	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MUKADDAM, JACQUELINE	52 NAME	
STREET ADDRESS	6705 STARDUST	53 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: [signature] 1/11/95 (305) 472-3124
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID TORCHIN, CPA, SEC/TREAS.

0226877 CP