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 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13085 (8)

1. Corporation Name
F. OLIVA JEWELRY, INC.

Principal Place of Business:
F. OLIVA JEWELRY INC
14 N.E. 1ST AVENUE, SUITE #1210
MIAMI FL 33132-2404
US

Mailing Address:
F. OLIVA JEWELRY, INC.
14 N.E. 1ST AVENUE, SUITE #1210
MIAMI FL 33132-2404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0311499 ☐ 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

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

OLIVA ANN E
6767 COLLINS AVENUE, APT. #1209
MIAMI FL 33141

10. Name and Address of New Registered Agent

81 Name: Oliva, Federico G.
82 Street Address (P.O. Box Number is Not Acceptable): 5845 Collins Avenue
83 apt. 504
84 City: Miami Beach FL 85 Zip Code: 33140

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] Federico G. Oliva 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLIVA, FREDERICO G.
STREET ADDRESS	5845 COLLINS AVENUE, #504
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	S
NAME	OLIVA, ARGENTINA
STREET ADDRESS	5845 COLLINS AVENUE #504
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	T
NAME	OLIVA, ANN E.
STREET ADDRESS	6767 COLLINS AVENUE, #1209
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	AS
NAME	OLIVA, ROSEMARY
STREET ADDRESS	2534 S.W. 132ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	AT
NAME	OLIVA, FREDRICK G
STREET ADDRESS	303 EAST HOMESTEAD AVENUE
CITY-ST-ZIP	PALISADES PARK NJ
TITLE	
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		
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(1)(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] Federico G. Oliva 4/27/95 381-8566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0133359 CP