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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: REWIEW PRIESER



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	DIVISION OF	CORPORATIONS	Secretai	ly of State	
1. Corporatio	MENT # V4491 JEWELERS, INC.	9 (1)		1 1861) AUAN BIRIT ATAK IBIRI JANA JAN	idir árðir ánaki akali ákáli dráft haði	
Principal Place of Business Mailing Address			DI NIO	i their dieben dillin dinen ibidi itasib rain de	Mil Sien esbir bibli areli alan ilba.	
		LAUDERDALE FL 33319				
U\$		US		3. Date incorporated or Qualified	3a. Date of Last Report	
				06/19/1992	03/15/1996	
—, ·	Place of Business	2a. Mailing Address		4. FEI Number 65-0340149	Applied For	
Suite: Apt	#, etc	Suite, Apl. #, etc.			Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	le .	Cily & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for interest.	Added to Fees	
24	25	29	30		Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regi	stered Agent	
	VETT, ROBERT D		81 Name			
8222 WILES ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
CO	RAL SPRINGS FL 33067		83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the above-named o	corporation submits this statement for the pur	roose of changing its registered	
office or agent 1 a	registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida. Such change wa Igations of, Section 607.0505,	s authorized by the corpo Florida Statutes.	pration's board of directors. I hereby accept	the appointment as registered	
SIGNATURE			······································			
12.	Signature, typied or printed name of registered OFFICERS A	agent and title it applicable (N ND DIRECTORS	OTE Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	Pu	DELETE	1,1 TIFLE		Change Addition	
NAME	PRESSER, REUVELD'		1.2 NAME	PRESSER, RELIVEN		
STREET ADDRESS			1.3 STREET ADDRESS	_		
CITY - ST - ZiP	FORT LAUDERDALE FL 333		1.4 CITY - ST - ZIP		Dob Dadding	
THLE	VPS CILA	☐ DELETE	2.1 TITLE	•	Change Addition	
NAME STORES ADDRESS	PRESSER, CILA 7500 W COMMERCIAL BLVI	1	2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS CITY - ST - ZiP	FORT LAUDERDALE FL 333		2 4 CITY - ST - ZIP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZP			3.4. CITY - ST - ZIP			
TITLE		L_ DELETE	4.1 TITLE		Change Addition	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY- ST-Z-P			4.4 CITY - ST - ZIP			
TITLE		☐ DELE7E	5.1 TIFLE		Change Addition	
NAME			5.2 NAME			
STHEET ADDRESS			5.3 STREET ADDRESS			
C/TY+S1-ZIP		T britte	5.4 CITY-ST-ZIP		Change Lights-	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY-ST-ZIP		Í	
44 1 2 2 2 2 2 2	eby certify that the information supp	hed with this filing does not qu	ality for the exemption of	ated in Section 119.07(3)(i), Florida Statutes.	I further certify that the	
informati Lamiani appears	ion indicated on this annual report c officer or director of the corporation . in Block 12 or Block 13 if changed	or supplemental annual report i for the receiver or trustee emp , or on an attachment with an ;	is true and accurate and the second to execute this residence.	that my signature shall have the same legal apport as required by Chapter 607, Florida Sta	eriect as it made under oath; that atules; and that my name	