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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V72977 (4)

**1. Corporation Name
EDGAR'S JEWELRY, INC.**

Principal Place of Business Mailing Address
11401 PINES BLVD 11401 PINES BLVD
#270-87 #270-87
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/21/1992		04/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0383933		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution			
24	25	29	30	<input type="checkbox"/>			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**LEGAL INFORMATION SERVICES INC.
1290 WESTON RD
SUITE 214
FT LAUDERDALE FL 33326**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, EDGAR M	1.2 NAME	
STREET ADDRESS	1550 NW 110TH AVE 343	1.3 STREET ADDRESS	105 NW 109th Ave #101
CITY - ST - ZIP	PLANATATION FL	1.4 CITY - ST - ZIP	Pembroke Pines, FL 33026
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, ROBIN	2.2 NAME	
STREET ADDRESS	1550 NW 110TH AVE 343	2.3 STREET ADDRESS	105 NW 109th Ave #101
CITY - ST - ZIP	PLANATATION FL	2.4 CITY - ST - ZIP	Pembroke Pines, FL 33026
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 116.07(3)(k), 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: Robin E. Navarro Robin E. Navarro 4/19/95 436-2215
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #