

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26355 (3)**

1. Corporation Name
THE EMERALD JEWELRY, INC.



Principal Place of Business Mailing Address
776 W FLAGLER ST MIAMI FL 33130

2. Principal Place of Business 2a. Mailing Address
21 Subd., Apt., E., etc. 26 Subd., Apt., E., etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **06/16/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0063974** 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

9. Name and Address of Current Registered Agent
**LINARES, JUAN
776 W. FLAGER STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name **LARRY NONES, CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 201**
83 **1985 N.W. 88 COURT**
84 City **MIAMI** FL 85 Zip Code **33172**

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* **LARRY NONES, CPA** DATE **1/30/96**

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	LINARES, JUAN	
3. STREET ADDRESS	2820 SW 80TH AVE	
4. CITY, ST, ZIP	MIAMI FL 33130	
5. TITLE	BA	<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	PEREZ, DANA	
7. STREET ADDRESS	2820 SW 80 AVENUE	
8. CITY, ST, ZIP	MIAMI, FL 33155	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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)(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: *[Signature]* **DANA PEREZ** DATE **1/30/96** (305) ~~557-1221~~ **324-6899**

CR2E034 (12/95)