

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 13 1996 8:00 am
Secretary of State

DOCUMENT # **250867** (9)

1. Corporation Name
MAYOR'S JEWELERS, INC.



Principal Place of Business: **283 CATALONIA AVE CORAL GABLES FL 33134**
Mailing Address: **283 CATALONIA AVE CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **09/02/1961**
3a. Date of Last Report: **05/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
		26			59-0975486	Not Applicable
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	6.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	25		30			
	Country		Country			

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

GETZ, SAMUEL A
283 CATALONIA AVE
CORAL GABLES FL 33134

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, IRVING	1.2 NAME	
STREET ADDRESS	283 CATALONIA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	PDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, SAMUEL A	2.2 NAME	
STREET ADDRESS	283 CATALONIA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	X <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, RICHARD	3.2 NAME	
STREET ADDRESS	283 CATALONIA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCAVICH, STEVE	4.2 NAME	
STREET ADDRESS	283 CATALONIA AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CD
STREET ADDRESS		5.3 STREET ADDRESS	FRANK H. MAISE JR.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	3185 MAPLE DR. N.E.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	ATLANTA, GA 30305
NAME		6.2 NAME	S
STREET ADDRESS		6.3 STREET ADDRESS	ANDREW SMITH
CITY - ST - ZIP		6.4 CITY - ST - ZIP	283 CATALONIA AVE
			CORAL GABLES, FL

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: STEVEN W. WALCAVICH 1-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)