

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 198810 (4)

1. Corporation Name
AMERICAN GIFT CORPORATION



Principal Place of Business 1310 N. E. 1ST AVE. MIAMI FL 33132	Mailing Address 1310 N. E. 1ST AVE. MIAMI FL 33132-1505
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3. Date Incorporated or Qualified 01/04/1957	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 6600 N.W. 74th AVE Suite, Apt. #, etc.	2a. Mailing Address 26 6600 N.W. 74th AVE Suite, Apt. #, etc.
22 City & State 23 MIAMI FL	27 City & State 28 MIAMI FL
24 Zip 33166-2839 Country DADE	29 Zip 33166-2839 Country DADE

4. FEI Number 59-0792347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KLUGER, HAROLD
1310 N. E. 1ST AVE.
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6600 NW 74th AVE
83	
84 City	MIAMI FL
85 Zip Code	33166-2839

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 _____ DATE _____
Signature, type or print name of registered agent and tick (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLUGER, HAROLD	
STREET ADDRESS	1310 N. E. 1ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KLUGER, ELEANOR	
STREET ADDRESS	1310 N. E. 1ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLUGER, JEFFREY	
STREET ADDRESS	1310 N. E. 1ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLUGER, GARY	
STREET ADDRESS	1310 NE 1ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLUGER, JENNIFER	
STREET ADDRESS	1310 NE 1ST AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6600 NW 74th AVE
1.4 CITY-ST-ZIP	MIAMI FL 33166-2839
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6600 NW 74th AVE
2.4 CITY-ST-ZIP	MIAMI FL 33166-2839
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6600 NW 74th AVE
3.4 CITY-ST-ZIP	MIAMI FL 33166-2839
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6600 NW 74th AVE
4.4 CITY-ST-ZIP	MIAMI FL 33166-2839
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6600 NW 74th AVE
5.4 CITY-ST-ZIP	MIAMI FL 33166-2839
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(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 (a) and (d), or on an attachment with an address.

SIGNATURE: *Harold Kluger* x 4/1/97 x 305 8896 800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)