

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90270 006 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 198810 Vol 1

1. Corporation Name

American Gift Corporation

Principal Place of Business

6600 N.W 74th Ave.
 Miami, FL 33166-2839

Mailing Address

701 Brickell Avenue
 Suite 3000
 Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01-04-57

4. FEI Number

59-0792347

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

Harold Kluger
 6600 N.W 74th Ave.
 Miami, FL 33166

10. Name and Address of New Registered Agent

81 Name Intrastate Registered Agent Corporation
 82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 3000
 83
 84 City Miami FL 85 Zip Code 33131

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 Steven H. Hagen for Intrastate Registered Agent Corp. ~~ET~~ 04-30-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Kluger, Harold	
STREET ADDRESS	6600 N.W 74th Ave	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Kluger, Eleanor	
STREET ADDRESS	6600 N.W 74th Ave.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Kluger, Jeffrey	
STREET ADDRESS	6600 N.W 74th Ave	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Kluger, Gary	
STREET ADDRESS	6600 N.W 74th Ave.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Kluger, Jennifer	
STREET ADDRESS	6600 N.W 74th Ave	
CITY-ST-ZIP	Miami, FL 33166	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Kluger, V.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 305-884-6800
 Date Daytime Phone #

CR2E034 (11/98)