

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

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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G49236** (4)  
1. Corporation Name  
**GUTIERREZ GIFT MERCHANDISE, INC.**

Principal Place of Business <b>% JUAN C. GUTIERREZ 2116 N.W. 20TH ST. MIAMI FL 33142</b>	Mailing Address <b>% JUAN C. GUTIERREZ 2116 N.W. 20TH ST. MIAMI FL 33142</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>16422 NW. 54 AVE.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>16422 NW. 54 AVE.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/05/1983</b>	
22 City & State 23 <b>MIAMI LAKES, FL. 33014</b>		27 City & State 28 <b>MIAMI LAKES, FL. 33014</b>		4. FEI Number <b>59-2316421</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip <b>33014</b> Country <b>DADE</b>		29 Zip <b>33014</b> Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>MARTINEZ AND PERDOMO PA 20 SW 58TH AVE MIAMI FL 33144</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 **3-12-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUTIERREZ, JUAN C. 2116 N.W. 20TH ST. MIAMI FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD GUTIERREZ JUAN C. 16422 NW 54 AVE. MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GUTIERREZ, ESPERANZA 2116 N.W. 20TH ST. MIAMI FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>ST. GUTIERREZ ESPERANZA 16422 NW. 54 AVE. MIAMI LAKES, FL. 33014</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **JUAN C. GUTIERREZ**  PD **3-12-98(305)** 621 2786

CR2E034 (10/97)