

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M28524 (0)**

1. Corporation Name  
**GEM PRODUCTS & SYSTEMS, INC.**



Principal Place of Business: **4434 NW 74TH AVE PO BOX 161207 MIAMI FL 33116-8207**  
Mailing Address: **4434 NW 74TH AVE PO BOX 161207 MIAMI FL 33116-8207**

3. Date Incorporated or Qualified: **03/07/1986**  
3a. Date of Last Report: **06/12/1995**  
4. FEI Number: **65-0059440**  
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

2. Principal Place of Business: **21 14260 S.W. 136 ST. Bay # 8 MIAMI FL 33186 Dade**  
2a. Mailing Address: **26 P.O. Box 161207 MIAMI FL 33116-8207 Dade**

9. Name and Address of Current Registered Agent: **MUNOZ, GUIDO E. 4434 NW 74 AVENUE MIAMI FL 33166**  
10. Name and Address of New Registered Agent: **81 Name: MUNOZ, GUIDO E. 82 Street Address (P.O. Box Number is Not Acceptable): 4434 NW 74 AVENUE MIAMI FL 33166 84 City: MIAMI FL 85 Zip Code: 33166**

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>MUNOZ, GUIDO E.</b>	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>4434 NW 74 AVENUE</b>	2. NAME:	
STREET ADDRESS:	<b>MIAMI FL</b>	3. STREET ADDRESS:	
CITY, ST, ZIP:		4. CITY, ST, ZIP:	
TITLE: <b>VD</b>	<b>MUNOZ, KATHRYN L.</b>	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>4434 NW 74 AVENUE</b>	2. NAME:	
STREET ADDRESS:	<b>MIAMI FL</b>	2.4 STREET ADDRESS:	
CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	
TITLE: <b>STD</b>	<b>BATKO, FRANK</b>	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>4434 NW 74 AVENUE</b>	3. NAME:	
STREET ADDRESS:	<b>MIAMI FL</b>	3. STREET ADDRESS:	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
TITLE:		4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4. NAME:	
STREET ADDRESS:		4.4 STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
TITLE:		5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. NAME:	
STREET ADDRESS:		5.4 STREET ADDRESS:	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
TITLE:		6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied in this report 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 Book 11, or Book 12, of changes to the corporation's filing with an address.

SIGNATURE: **2-23-96** **309 234-3556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Guido E. Munoz**

CR2E034 (12/95)