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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

L INDIVIDUO (AD INDIX DIDIX DEGIN DEGIN DEGIN DEGIN FRANCISTO DEGIN DIDIX DIDIX DILIK DILIK DIDIX

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400074952 (0)

GEMCRAFT, INC.

SIGNATURE:

					······································					
Principal Place of Business Mailing Address 47000 NNU 90 AVE						1 1001(40) 40 (61)(614)) 4011	- 46111 AE111	54114 1 94 44 8 1		- 1501 1401
10099 NW 89 AVE BAY 2 MEDLEY FL 33178 US			10099 NW 89 AVE BAY 2 MEDLEY FL 33178-1421 US			;				
						(1)				
						3. Date Incorporated or Qualified 10/07/1994 3a. Date of Last Report 03/01/1996			eport	
2. Principal Pl	lace of Business	28. N	Naiting Address			4. FEI Number		L	Ap	plied For
21		26				65-0527825				1 Applicabl
Suite, Apt #	#, etc	 	uite, Apt. #, etc.			5. Certificate of Status Des	sired		\$8.75	
22		27	I. B. Dinks						Fee Re	
City & State	.1	28	ity & State			6. Election Campaign Final Trust Fund Contribution	ncing	_	\$5.00 Added t	
Z _i p	Country		ip qi	Count	v	This corporation has list	hility for in	tangihla t		
24	25	29	.,.	30	•	Florida Statutes		Yes X		133.002,
	9. Name and Address of		red Agent	1331		10. Name and Address of				
LEW	/IS, KATHRYN A			8	Name					
1627	7 BRICKELL AVE.			8:	Street Add	dress (P.O. Box Number is Not A	cceptable	e)		· · · · · · · · · · · · · · · · · · ·
UNIT 1006						- Colored (1.6.) District the transfer of the				
MIAJ	MI FL 33129			B:	3					
				8-	City				85 Zip	Code
					<u></u>			FL		· · · · · · · · · · · · · · · · · · ·
11. Pursuant t	to the provisions of Sections (egistered agent, or both, in th	607.0502 and 607 ne State of Florida	.1508, Florida Stat Such chance was	utes, the abors authorized b	re-named co ov the corpor.	rporation submits this statement ation's board of directors. I herel	for the pu by accept	irpose of 0 the appo	changing it intment as	s registered registered
Office or fu		1.0	Caption COT SENE !	Florida Statut						
agent. Lar	m familiar with, and accept the	ie obligations of, &	CUCU. YUB HOHOUS		75 .					
agent. Lar SIGNATURE		Ü						DATE		
agent. Lar SIGNATURE	Signature typed or provid name of reg	stored agent and little fla	ppicable (N	OTE: Registered A		juired when reinstating)	O OFFICE	DATE RS AND	DIRECTOR	S IN 12
agent. I ar SIGNATURE 12.	Signature typed or provid name of reg OFFICE	Ü	ppicable (N	OTE: Registered A	gent signature req	juired when reinstating) ADDITIONS/CHANGES T	O OFFICE	RS AND	DIRECTOR	
agent. I ar SIGNATURE 12.	Signature typed or provid name of reg	stored agent and little fla	iρρi ^s cable (NC	OTE: Registered A	gent signature leq		O OFFICE	RS AND		
agent. I ar SIGNATURE 12. TITLE NAME	Sgrange upon a providinarie of reg OFFICE	stored agent and little of a ERS AND DIRECTI	iρρi ^s cable (NC	OTE: Registered A 13. 1.1 TITLE 1.2 NAM	gent signature leq		O OFFICE	RS AND		
agent. I ar SIGNATURE 12. TITLE NAME	Sgraduc typed or provid have of reg OFFICE PD LEWIS, KATHRYN A	stored agent and little of a ERS AND DIRECTI	iρρi ^s cable (NC	OTE: Registered A 13. 1.1 TITLE 1.2 NAM	gent signature req		O OFFICE	RS AND		
agent. Far SIGNATURE 12. TIPLE NAME STRIET ADDRESS	Square typed in providing to ling OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP	stored agent and little of a ERS AND DIRECTI	iρρi ^s cable (NC	OTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent signature req		O OFFICE	RS AND		Additio
agent. Far SIGNATURE 12. TIPLE NAME STRIET ADDRESS CITY-SI-ZIF	Sgrowe typed a providence string OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D.	stored agent and little if a ERS AND DIRECTO JNIT 1008	popiroable (No ORS DELETE	OTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent signature req		O OFFICE	RS AND	Change	Additio
agent Far SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SL-ZIP	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	popiroable (No ORS DELETE	OTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	gent signature req		O OFFICE	RS AND	Change	S IN 12 Additio
agent Lar SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SL-ZIP TITLE NAME	Sgrowe typed a providence string OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D.	stored agent and little if a ERS AND DIRECTO JNIT 1008	oppicable (NO	OTE: Registered A 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	gent signature req		O OFFICE	RS AND	Change Change	Additio
AGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	popiroable (No ORS DELETE	OTE: Registered A 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	gent signature req		O OFFICE	RS AND	Change	Additio
agent. Lar SIGNATURE 12. TITLE NAME STRIET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	oppicable (NO	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	gent signature req		O OFFICE	RS AND	Change Change	Additio
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	oppicable (NO	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	gent signature req		O OFFICE	RS AND	Change Change	Additio
agent, Lar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SL-ZIP	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY 3.5 STRE 3.4 CITY	ent signature req		O OFFICE	RS AND	Change Change Change	Additio
agent Lar SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SL-ZIP TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	oppicable (NO	01E: Registered A 13. 1.1 TiTLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	ent signature requests ET ADDRESS ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP		O OFFICE	RS AND	Change Change	Additio
agent Lar SIGNATURE 12. TITLE NAME STREELADDRESS CITY-SL-ZIP TITLE NAME STREELADDRESS CITY-SL-ZIP TITLE NAME STREELADDRESS CITY-SL-ZIP TITLE NAME STREELADDRESS CITY-SL-ZIP TITLE NAME	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	ent signature requirement requirement signature requirement signat		O OFFICE	RS AND	Change Change Change	Additio
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	er address -St-zip -St-ddress -St-zip -St-ddress -St-zip -St-ddress -St-zip -St-ddress -St-ddress		O OFFICE	RS AND	Change Change Change	Additio
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	ent signature requirement requirement signature requirement signat		O OFFICE	RS AND	Change Change Change	Addition Addition Addition
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	DTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.3 STRE 4.4 CITY	ent signature req		O OFFICE	RS AND	Change Change Change	Additio
AGONT LAR SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	DTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	ent signature req		O OFFICE	RS AND	Change Change Change	Addition Addition Addition
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	DTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	er address -st-zip et address -st-zip et address -st-zip et address -st-zip et address -st-zip		O OFFICE	RS AND	Change Change Change	Additio
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	ORS DELETE DELETE DELETE	OTE: Registered A 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 NAM 5.3 STRE 5.4 STRE	er address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip		O OFFICE	ERS AND	Change Change Change	Addition Addition Addition Addition
AGONT LAR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAMI STREET ADDRESS CITY-SL-ZIP TITLE NAMI STREET ADDRESS CITY-SL-ZIP TITLE NAMI STREET ADDRESS CITY-SL-ZIP TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAME STREET ADDRESS CITY-SL-ZIP	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	OPPRINCE DELETE DELETE DELETE DELETE	OTE: Registered A 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	er address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip		O OFFICE	ERS AND	Change Change Change	Addition Addition Addition Addition Addition
AGORT. L'AIR SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAME	OFFICE PD LEWIS, KATHRYN A 1627 BRICKELL AVE., L MIAMI FL VP LEWIS, HARRY D. 10099 NW 89 AVENUE	stored agent and little if a ERS AND DIRECTO JNIT 1008	OPPRINCE DELETE DELETE DELETE DELETE	OTE: Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	er address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip		O OFFICE	ERS AND	Change Change Change	Additio