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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90066 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000074952

1. Corporation Name  
**GEMCRAFT, INC.**



Principal Place of Business 16407 NW 8TH AVENUE MIAMI FL 33169 US	Mailing Address 16407 N W 8TH AVENUE MIAMI FL 33169 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/07/1994**

4. FEI Number <b>65-0527825</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1590 NW 159 ST</b>	2a. Mailing Address 26 <b>1590 NW 159 ST</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Miami FL</b>	City & State 28 <b>Miami FL</b>
Zip 24 <b>33169</b>	Country 25 <b>USA</b>
Zip 29 <b>33169</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**LEWIS, KATHRYN A**  
**1627 BRICKELL AVE.**  
**UNIT 1006**  
**MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name <b>Kathryn Lewis</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1590 NW 159 ST</b>
83
84 City <b>Miami FL FL</b>
85 Zip Code <b>33169</b>

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: *Katherine Harris* (NOTE: Registered Agent signature required when reinstating) DATE: **1/18/99**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>LEWIS, KATHRYN A</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>16407 N W 8TH AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33169</b>	
TITLE <b>VP</b>	NAME <b>LEWIS, HARRY D.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>16407 N W 8TH AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33169</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

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 <b>1590 NW 159 ST</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>1590 NW 159 ST</b>	
2.4 CITY-ST-ZIP <b>MIAMI FL 33169</b>	
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: *Katherine Harris* DATE: **1/18/99**

CR2E034 (11/98)