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

CITY-ST-ZIP

FILED Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 360064 (0) GEMINI IMPORT, INC. Principal Place of Business Mailing Address 77 CRANDON BLVD 77 CRANDON BLVD APT. 6A APT. 6A MIAMI FL 33149 DO NOT WRITE IN THIS SPACE MIAM! FL 33149 3. Date Incorporated or Qualified 02/20/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1281317 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SIMONI, NANCY 77 CRANDON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **KEY BISCAYNE FL 33149** 83 84 City Zip Code 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 Statu 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 Signature, typied or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 THLE Change Addition SIMONI, NANCY 1.2 NAME NAME PAUL W. SIMONI 77 CRANDON BLVD APT 6A STREET ADORESS 1.3 STREET ADDRESS 445 VANTORIO KEY BISCAYNE FL CORAL GABLES, EL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Addition DAILEY, MARIE NAME 2.2 NAME 77 CRANDON BLVD APT 6A STREET ADDRESS 2.3 STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 2.4 CITY - \$1 - ZIF DELFTE Change TITLE 3.1 TITLE Addition KAUFMAN, JAMES NAME 3.2 NAME 2699 S BAYSHORE DR. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFIE Change Addition TITLE 4 1 THE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DLLETE THTL F Change Addition 5.1 11TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHTY - \$T - ZIP 14. Thereby 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 of supplemental annual report is toge 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 on lowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if Changed, or on an attachment with an address.