

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **549706**

1. Corporation Name

GEM EXPORT INC.

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90149 027 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14260 SW 136TH ST BAY 8 MIAMI FL 33186 US		Mailing Address P O BOX 161207 MIAMI FL 33116-8207 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		29 Country	
30 Country		31 Country	
9. Name and Address of Current Registered Agent			
MUNOZ, GUIDO E. 10100 S.W. 133 CT. MIAMI FL 33186			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1.1 TITLE	Change Addition	
2. NAME	1.2 NAME	Change Addition	
3. STREET ADDRESS	1.3 STREET ADDRESS	Change Addition	
4. CITY-ST-ZIP	1.4 CITY-ST-ZIP	Change Addition	
5. TITLE	2.1 TITLE	Change Addition	
6. NAME	2.2 NAME	Change Addition	
7. STREET ADDRESS	2.3 STREET ADDRESS	Change Addition	
8. CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change Addition	
9. TITLE	3.1 TITLE	Change Addition	
10. NAME	3.2 NAME	Change Addition	
11. STREET ADDRESS	3.3 STREET ADDRESS	Change Addition	
12. CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change Addition	
13. TITLE	4.1 TITLE	Change Addition	
14. NAME	4.2 NAME	Change Addition	
15. STREET ADDRESS	4.3 STREET ADDRESS	Change Addition	
16. CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change Addition	
17. TITLE	5.1 TITLE	Change Addition	
18. NAME	5.2 NAME	Change Addition	
19. STREET ADDRESS	5.3 STREET ADDRESS	Change Addition	
20. CITY-ST-ZIP	5.4 CITY-ST-ZIP	Change Addition	
21. TITLE	6.1 TITLE	Change Addition	
22. NAME	6.2 NAME	Change Addition	
23. STREET ADDRESS	6.3 STREET ADDRESS	Change Addition	
24. CITY-ST-ZIP	6.4 CITY-ST-ZIP	Change Addition	

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99 305-234-3556

CR2E034 (11/98)