FILE NOW: FILI	NG FEE AFTER	MAY 1ST IS \$550.00
PROFIT		FLORIDA DEPARTMENT OF STAT

CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 616738

(1)

HERES GIFT CENTER, INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



437 LINCOLN MIAMI BEACH				DO	NOT WRITE	י פועד ואו	SDACE					
						}	3. Date Incorporated of		- IN INIO	3FACE		
							04/06/1979	n dadiinaa			•	
2 Principal P	lace of Business	2a Mailin	o Address				4. FEI Number				Applied For	
21		26	2a. Mailing Address			Ì						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				<u>59-1909026</u>				Not Applicable	
22		27	27				5. Certificate of Status Desired S8.75 Additional Fee Required					
	City & State		City & State		İ	Election Campaign 1	-		\$5.0	0 May Be		
23		28				Trust Fund Contribu	tion		Adde	d to Fees		
Zip	Country	Zip	Zip Country				8. This corporation ow			rent year l		
24	25	29		30			Personal Property Ta			Yes	☑ No	
	9. Name and Address of	f Current Registered A	gent				10. Name and Address of New Registered Agent					
APA	AZA, JOSE			8	1 Nam	ne						
	N.W. 135TH AVE.			-	82 Street Address (P.O. Box Number is Not			ot Accontak	Acceptable			
	MI FL 33182			١	82 Street Address (P.O. Box Number is Not Acceptable)							
				8	3							
					4 City					loc Zi	Codo	
				ا	T City				FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections	607.0502 and 607.1508	3, Florida Statu	ites, the abo	ve-name	ed corpor	ation submits this statem	ent for the p	ourpose of	changing	its registered	
office or re agent. I as	egistered agent, or both, in the m familiar with, and accept the	ne State of Honda. Such ne obligations of, Sectio	n change was in 607.0505. Fl	authorized I Iorida Statut	by the co es.	orporation	's board of directors. I h	ereby accer	ot the app	ointment a	is registered	
SIGNATURE												
12.	Signature, typed or printed name of reg	ERS AND DIRECTORS	ile. (NO	TÉ, Registered A	gent signati	ture required		0 TO OFFI	DATE	DIDECTO	NDC (N. 40	
TITLE	P	בחס אוום טוחבט וטחס	DELETE	1.1 TITLE	:		ADDITIONS/CHANGE	3 IO OFFIC	ENS AND	Change		
NAME	HERES, JOSE									Oriange	Madition .	
				1.2 NAM		_						
STREET ADDRESS	6039 COLLINS AVE.				ET ADDRESS	S					1	
CITY-ST-ZIP	MIAMI BEACH FL		C per err	1.4 CITY						—	[**]	
TITLE	ST		☐ DEFELE	2.1 TITLE						LI Change	☐ Addition	
NAME	HERES, MILAGROS			2.2 NAMI	Ē	ļ					ĺ	
STREET ADDRESS	6039 COLLINS AVE.			2.3 STRE	2.3 STREET ADDRESS							
CITY - ST - ZIP	MIAMI BEACH FL			2. 4 CITY	-ST-ZIP							
TITLE			☐ DELETE	3.1 TITLE						Change	☐ Addition	
NAME				3.2 NAME		1						
STREET ADDRESS				3.3 STREE	ET ADDRESS	s					ĺ	
CITY-ST-ZIP				3.4. CITY	-ST-ZIP						-	
TITLE		7 7.	DELETE	4.1 TITLE						Change	Addition	
NAME				4. 2 NAM	E						1	
STREET ADDRESS				4.3 STREI	ET ADDRESS	s					-	
CITY-ST-ZIP				4.4 CITY-							İ	
TITLE			DELETE	5.1 TITLE	****	+				Change	Addition	
NAME			_	5,2 NAME								
STREET ADDRESS					Et address							
]						-						
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CITY - 6.1 TITLE						Change	Addition	
NAME									•	orienge		
				5.2 NAME		.						
STREET ADDRESS					T ADDRESS	>						
CITY-ST-ZIP	ertify that the information sup	plied with this files do	se not avalifi. f	6.4 CITY-	ntion eta	tod in Ca	otion 110 07/9\(0) Election	Chabitan 1	firethor ac-	المراجعة المراجعة	o information	
indicated o	on this annual report or supplementary of the corporation of	lemental annual report i	is true and acc	curate and the	nat my si	ignature s	shall have the same lega	l effect as if	made uno	ler oath; th	nat I am an	

Block 12 or Block 13 if changed, or

SIGNATURE: