FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **657825** **(6)**

1. Corporation Name
GEMS OF AMERICA, INC.

Principal Place of Business	Mailing Address
14 N.E. 1ST AVENUE, SUITE 303	14 N.E. 1ST AVENUE, SUITE 303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1980	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2100 Ponce De Leon Blvd	26 2100 Ponce De Leon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 601	27 Suite 601
City & State	City & State
23 Coral Gables	28 Coral Gables
Zip / Country	Zip / Country
24 33134 / 25 USA	29 33134 / 30 USA

4. FEI Number **59-1988910** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZARRA, MIGUEL G 2699 SOUTH BAYSHORE DRIVE FIFTH FLOOR MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President and Director	☒ Change ☐ Addition
NAME	GARCIA, RUBEN	12 NAME	Ruben Garcia	
STREET ADDRESS	14 N.E. AVE. STE 303	13 STREET ADDRESS	2100 Ponce De Leon Blvd., Ste.601	
CITY-ST-ZIP	MIAMI FL 33132	14 CITY-ST-ZIP	Coral Bales, FL 33134	
TITLE		21 TITLE	Vice President	☐ Change ☒ Addition
NAME		22 NAME	Ruben Garcia, Jr.	
STREET ADDRESS		23 STREET ADDRESS	2100 Ponce De Leon Blvd., Ste. 601	
CITY-ST-ZIP		24 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: _____ President 4/27/95 (305) 447-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

Ruben E. Garcia

0133240 CP