

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F95000004755 (3)

1. Corporation Name

GEMVEST INTERNATIONAL INC.



Principal Place of Business

Mailing Address

**30 WERTHEIM COURT, UNIT 26, RICHMOND HILL
ONTARIO, L4B 1B9**

**30 WERTHEIM COURT, UNIT 26, RICHMOND HILL
ONTARIO, L4B 1B9**

2. Principal Place of Business

2a. Mailing Address

21 **The Esplanade**

26 **The Esplanade**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **150 North Ave Suite 101A**

27 **150 North Ave Suite 101A**

City & State

City & State

23 **Palm Beach, FL**

28 **Palm Beach, FL**

Zip

Zip

24 **33480**

29 **33480**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and director if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP GROSS, MAYER**
STREET ADDRESS **2265 HALYARD DR**
CITY - ST - ZIP **MERRICK NY 11566**

TITLE ☐ DELETE
NAME **DS LINDSAY, STEPHEN**
STREET ADDRESS **8 PALMERSTON DR**
CITY - ST - ZIP **THORNHILL, ONTARIO, L4J 7U7**

TITLE ☐ DELETE
NAME **T BRATTAN, MIA**
STREET ADDRESS **942 YONGE ST, #621**
CITY - ST - ZIP **TORONTO, ONTARIO, M4W 3S8**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96

561-832-8050

Date

Daytime Phone

CR2E034 (3/96)