

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H78796** (0)

1. Corporation Name

WORLD GEM CENTER, INC.



Principal Place of Business

% TIBOR STERN
36 NE 1ST ST. S-1030
MIAMI FL 33132

Mailing Address

% TIBOR STERN
36 NE 1ST ST. S-1030
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21 **169 E. FLAGLER ST.**

26 **169 E. FLAGLER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1024**

27 **1024**

City & State

City & State

23 **MIAMI, FLA.**

28 **MIAMI, FLA.**

Zip

Zip

Country

Country

24 **33132**

25 **DADE**

29 **33132**

30 **DADE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/26/1985

3a. Date of Last Report
01/27/1995

4. FEI Number
59-2591419

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

STERN, TIBOR
36 NE 1ST ST
SUITE 1030, SEYBOLD BLDG
MIAMI FL 33132

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☐ DELETE

NAME **STERN, TIBOR**
STREET ADDRESS **36 NE 1ST ST #1030**
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE

NAME **STERN, HANNA**
STREET ADDRESS **36 NE 1ST ST #1030**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **169 E. FLAGLER ST. #1024**
1.4 CITY-ST-ZIP **MIAMI, FL. 33132**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **169 E. Flagler St. # 1024**
2.4 CITY-ST-ZIP **MIAMI, FL. 33132**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, 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

4/25/96

(305)3581477

Daytime Phone #

CR2E034 (12/95)