1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # H78796**

1. Corporation	Name 117 07 30					
WORLD	GEM CENTER, INC.					
				E 1882011 3141 13301 14121 14010 10116 6114 818	AL ALBAH SEBEL BIRM BA	III 1991 III
Principal Place of Business Mailing Address			4 1001014 4131 (300) 10141 10010 10140 4141 415	il nigit esset nints bil	BII B/8/1 1881	
169 E FLAGLER ST 169 E FLAGLER ST						
STE 1024		STE 1024				
MIAMI FL 33132	·	MIAMI FL 33132	et .	DO NOT WRITE IN TH	IIS SPACE	
US		US		3. Date Incorporated or Qualifed		
				09/26/1985		
<b>—</b>	lace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	olied For
21 Suito Ant		26		59-2591419		Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	المراجع المالية	5. Certificate of Status Desired	• <b>** - ** \$8.75</b> A	
22		27				
City & State	<del>0</del>	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 h Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intaggiole	
24	25	29	ه آ	Personal Property Tax.		□No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	ed Agent	~
			81 Name		•	
STERN, TIBOR				Idress (P.O. Box Number is Not Acceptable)		<del></del>
169 E FLAGLER ST STE 1024			82 Street A	STE 1024 'DIQUETE	1030	
**************************************			83			
MIAMI FL 33132						
			84 City	F	<b>EL</b>   85   Zip C	ode
44 Duminant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named co	progration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes.			
SIGNATURE		And this if applicable (NOTE: R	tegistered Agent signature req	uired when reinstating) DATE	<del></del>	····
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME			1.2 NAME			
	STERN, TIBOR 169 E FLAGLER ST STE 1024		1.3 STREET ADDRESS			
STREET ADDRESS			1.4 CITY-ST-ZIP		ì	* 1
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.1 TITLE		Change	Addition
TITLE	DP.	2 0222.2	1	STERN, HAMA	7	_
NAME	STERN, HANNA			siendo j minin	•	
STREET ADDRESS	169 E FLAGLER STE STE 1024		2.3 STREET ADDRESS	***	ب بارنسا	
CITY-ST-ZIP	MIAMI-FL	□ DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE	<u> </u>	☐ DEFESE				Lagar
NAME			3.2 NAME			
STREET ADDRESS	· ·		3.3 STREET ADDRESS	·		
CITY-ST-ZIP		□ nei ete	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME		:	
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY+ST-ZIP		Change	Addition
TITLE	·	DELETE	5.1 TITLE		☐ Change	☐ Mudition
NAME	} .		5.2 NAME			
STREET ADDRESS		٠.	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME .	1		6.2 NAME			

14. 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 recorder 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 of the property of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder 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 of the property of the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder of the corporation of

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

MPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 305-358-1477

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90073 050 \*\*\*150.00

-CR2E034 (11/98)