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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDÁ DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K40225

(0)

PROVIDENT GEMS, INC.

Principal Place of Business

,,

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



169 E. FLAGLER ST., #937 331 CLEMATIS ST. MIAMI FL 33132 W. P. BCH FL 33401 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 10/14/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0077793 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. X Yes □ No 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAMUELS, ARTHUR M. 81 566 NE 199TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33179 83 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE SAMUELS, ARTHUR M. 1.2 NAME NAME 566 NE 199TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 2. 4 CITY-SY-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 fue 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 of trustee embranced to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or supplemental annual report is further certify that the information indicated on this annual report or supplemental annual report is further certify that the information indicated on this annual report or supplemental annual report is further certify that the information indicated on this annual report or supplemental annual report is further certify that the information indicated on this annual report or supplemental report or supplemental annual report or supplemental report or supplement

SIGNATURE:

HRTHUR MY, 1/27/95

27/984561-833-7755

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