

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47820 (8)

1. Corporation Name

D'GATHERING, INC.

Principal Place of Business

5330 NW 182ND ST
MIAMI FL 33055
US

Mailing Address

5330 NW 182ND ST
MAIMI FL 33055-3153
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/09/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0327870

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELISON T WONG
5330 NW 182ND ST
MIAMI FL 33055

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 617.0502 and 617.1508, 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 617.0503, 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 PD ☐ DELETE
NAME WONG, ELISON T
STREET ADDRESS 5330 NW 182ND ST
CITY-ST-ZIP MAIMI FLTITLE VTD ☐ DELETE
NAME TAYLOR, ROBERT
STREET ADDRESS 2160 SESAME ST
CITY-ST-ZIP OPA LOCKA FLTITLE STD ☐ DELETE
NAME SAUNDERS, TERRY
STREET ADDRESS 5806 NW 85TH AVENUE
CITY-ST-ZIP TAMARAC FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE P/D/C ☒ Change ☐ Addition
1.2 NAME Wong, Elison T
1.3 STREET ADDRESS 5330 N.W. 182nd St.
1.4 CITY-ST-ZIP MIAMI, FL 330552.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME TAYLOR, ROBERT
2.3 STREET ADDRESS 460 SESAME ST.
2.4 CITY-ST-ZIP OPA-LOCKA, FL 330543.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME SAUNDERS, CLIFFORD T
3.3 STREET ADDRESS 5806 N.W. 85TH AVENUE
3.4 CITY-ST-ZIP TAMARAC FL 333214.1 TITLE TTR ☐ Change ☒ Addition
4.2 NAME ROBINSON, WINSTON
4.3 STREET ADDRESS 3861 N.W. 171 ST.
4.4 CITY-ST-ZIP CAROL CITY FL 330555.1 TITLE SDTR ☐ Change ☐ Addition
5.2 NAME SELMAN, ANN
5.3 STREET ADDRESS 5806 N.W. 85TH AVENUE
5.4 CITY-ST-ZIP TAMARAC FL 333216.1 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 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 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

5-9-97

Date

Daytime Phone # 0025047

CR2E037 (9/96)