ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003728 (2)

1. Corporation Name
GWEN'S LIST, INC.

Principal Place of Business	Mailing Address
~~13000 BISCAYNE BLVD SUITE 154 MIAMI FL 33181~~	~~13000 BISCAYNE BLVD SUITE 154 MIAMI FL 33181~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 44 W. Flagler Street	26 44 W. Flagler Street
Suite, Apt. #, etc. 22 Suite 750	Suite, Apt. #, etc. 27 Suite 750
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33130 Country 25 USA	Zip 29 33130 Country 30 USA

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. 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
~~BALLMAN, DONNA M~~ ~~KAREN GIEVERS~~ ~~13000 BISCAYNE BLVD SUITE 154~~ ~~MIAMI FL 33181~~	81 Name: KAREN GIEVERS, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 44 West Flagler Street #750 83 84 City: MIAMI FL 85 Zip Code: 33130

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: Karen Gievers 5/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13
TITLE P NAME Karen Gievers STREET ADDRESS 44 W. Flagler Street #750 CITY-ST-ZIP Miami, Fl 33130	1.1 TITLE P ☑ Change ☒ Addition 1.2 NAME KAREN GIEVERS 1.3 STREET ADDRESS 44 W. Flagler Street #750 1.4 CITY-ST-ZIP MIAMI, FL 33130
TITLE D NAME Bonnie Dykes STREET ADDRESS 44 W. Flagler Street, #750 CITY-ST-ZIP Miami, Fl 33130	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE D NAME Diane Van Ness STREET ADDRESS 44 W. Flagler Street #750 CITY-ST-ZIP Miami, Fl 33130	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP REMITTED BY MAY 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5/8/27 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS 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)(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: Bonnie Dykes, Executive Director 4/28/95 305-374-0521
SIGNATURE AND TYPED OR PRINTED NAME OF BONNIE/OFFICER OR DIRECTOR Date Daytime Phone #

004A03