2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2001 08:00 AM P00000092221 DOCUMENT # 1. Entity Name **Secretary of State** GEMS INTERNATIONAL CORP. Principal Place of Business Mailing Address 8321 DUNDEE TERRACE 8321 DUNDEE TERRACE MIAMI LAKES FL MIAMI LAKES FL33016 33016 2. Principal Place of Business 3. Mailing Address 888 BRICKELL KEY DRIVE 3785 NW 82 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 910 SHITE 102 City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ ILIA HOZ & CO. 3785 NW 82ND AVENUE Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82ND AVENUE **STE 102** MIAMI FLSTE 102 33166 City Zip Code MIAMI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 04/29/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME DIAZ. ILIA R NAME DIAZ ILIA R 8321 DUNDEE TERRACE STREET ADDRESS STREET ADDRESS 888 BRICKELL KEY DRIVE MIAMI LAKES CITY-ST-ZIP FL 33016 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/29/2001

Daytime Phone #

Date

Ilia Rodriguez-Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _