PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067676

GEMS C	DEVELOPERS OF MIAMI, IN	Mailing Address							
3150 SW 108 AVE 3150 SW 108 AVE									
MIAM FL 33165-2450 MIAM FL 33165-2450					-		er iki Tillo	CDACE	
				3.0	Date Incomot	DO NOT WRI		SPACE	
ļ				1	09/23/1993	_			
2. Principal Place of Business 2a. Mailing Address					El Number	<u> </u>		A	pplied For
21 1797	O SW 152 AYENUE	? 26 P.O. Box 9	71507		65-047677	6		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. (Certificate of S	tatus Desired		·	Additional
22		27				 .			equired
City & Stat	f j	City & State	FL.			aign Financing	☐		May Be to Feas
Zip	Country	Zip Zip	Country		rust Fund Co	on owes the cur	root year Int		(0 003
24 3311	`		30		Personal Prop		erk yeer ma	Yes	□No
24 3 3 1 1	9. Name and Address of Curren		50,			dress of New !	Registered	Agent	
<u> </u>			81 Name	Tau	0/ 6	5. SI	,]		
	, GISELLE M.	82 Street	Address (P.)		er is Not Accept				
3150 S.W. 108TH AVE.				17970	SW_	152 A	18NUE	<u>'</u>	
j Mia:	MI FL 33165		83						
		P	84 City					85 Zip	Code
			۸۸ "" ا" ا	11Am1			FL	1 2.	21271
SIGNATURE	Signature typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature r	required when rea	natating)	ANGES TO OF	DATE		
12.		ID DIRECTORS	13.	A	JUH IUNS/UF	ANGES TO UF	FICENS AN	Change	Addition
TITLE	i PSD Siu. Javier e	- Detele	1.1 TILE 1.2 NAME						
NAME	A450 0111 400 4155		1.3 STREET ADDRESS	1747	0 5W	152 A	12200		
STREET ADDRESS	MIAMI FL 33165		1.4 CITY-ST-ZIP	MIA		3318	7		
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NAME	SIU. GISELLE		22 NAME						
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CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>			_	T76	☐ Addition
TITLE		☐ DELETE	6,1 TITLE					Change	☐ Addition
NAME			B.2 NAME						
STREET ADDRESS	.)		6.3 STREET ADDRESS	1					ì

CITY-ST-ZIP 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 path; 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 12 or Block 13 if changed, or on an attachment with an appress, with all other like empowered.

8.4 CITY-ST-ZIP

SIGNATURE:

May 04, 1999 8:00 am Secretary of State

05-04-1999 90179 014 ***150.00

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