

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000086671 (3)
 1. Corporation Name
GEM CATERING, INC.



Principal Place of Business 420 LINCOLN RD SUITE 235 MIAMI BEACH FL 33139	Mailing Address 420 LINCOLN RD SUITE 235 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20900 West Dixie Hwy Suite, Apt. #, etc. 22 A City & State 23 N. MIAMI BEACH FL Zip 24 33180 Country 25 USA	2a. Mailing Address 26 20900 West Dixie Hwy Suite, Apt. #, etc. 27 A City & State 28 N. MIAMI BEACH FL Zip 29 33180 Country 30 USA
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3. Date Incorporated or Qualified 12/20/1993	4. FEI Number 65-0455522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ERSKINE, STANLEY B 55 WESTON RD SUITE 300 FT LAUDERDALE FL 33326	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature: type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SPADARO, EUGENE	1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 420 LINCOLN RD SUITE 235	CITY-ST-ZIP MIAMI BEACH FL 33139	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP 20900 West Dixie Hwy Suite A N. MIAMI BEACH, FL 33180
TITLE SD	NAME NESS, GERALD	2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 420 LINCOLN RD SUITE 235	CITY-ST-ZIP MIAMI BEACH FL 33139	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP 20900 West Dixie Hwy Suite A N. MIAMI BEACH, FL 33180
TITLE TD	NAME NUNBERG, VICTOR	3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 420 LINCOLN RD SUITE 235	CITY-ST-ZIP MIAMI BEACH FL 33139	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP 20900 West Dixie Hwy Suite A N. MIAMI BEACH, FL 33180
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/21/98**

CR2E034 (10/97)