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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

- Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90119 007 ***150.00

DOCUMENT # P9400018601

MIRAGE GEMS, INC.

Data shoul Diago of Dissipage

		Maining Address					
MIRAGE GEMS		MIRAGE GEMS					
4457 WOODFIEL	LD BLVD	4457 WOODFIELD B:VD			DO NOT WRITE IN THIS SPACE		
BOCA RATON F	FL 33434	BOCA RATON FL 33434					
US		US			3. Date Incorporated or Qualifed		
					03/09/1994		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	_ Ap	plied For
21		26			65-0474180	No	t Applicable
Suite, Apt.	# etc '	Suite, Apt. #, etc.			_	\$8.75	Additional
	., 5.5.	27			5. Certifcate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Po
	a	├ ┐ ′			Trust Fund Contribution	Added t	• 1
23		28	Caus	<u> </u>			01063
Zìp	Country	Zip	Coun	u y	8. This corporation owes the current year	Intangible	1746
24	25	<u> </u>	30		Personal Property Tax.		EDA0
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent_	
				31 Name			
BLO	Dig, Greg			32 Street A	ddress (P.O. Box Number is Not Acceptable)		
100	W CYPRUS CREEK RD		('	311 S11 BB1 A	dutess (F.O. Dox number is not receptable)		ſ
STE			l t	33		,	
	T LAUDERDALE FL 33309						
, , , , , ,	1 ENDERDALE 1 E 00005		Ti-	34 City		85 Zip (Code (
						— 1 4	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ove-named c	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	or changing its	registered (
agent. La	egistered agent, or both, in the State t m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statut	es.	dation's board of directors. Thereby accept the op	pontinon do la	9.51-155
	(
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature rec	quired when reinstating) DATE		í
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
							
ITMLE I	n	[Q DELETE	1.1 TITL	E	. + -1	Change	Addition 3
TITLE	D TUDONE IOVOE	CORCETE .		E	Notate touce Thron	⊕Change ⊃e	Addition
NAME	THRONE, JOYCE	[GDECETE	1.2 NA	E E EET ADORESS	Delete Joyce Thron	⊕Change ⊃e	Addition
NAME STREET ADDRESS	THRONE, JOYCE 3845 SAINT JAMES WAY	[Q:DECETE	1.2 NAA 1.3 STR		Delete Joyce Thron	⊕Chạnge ⊃€	Addition
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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 organ attachment with an address Aith all other like empowered.

SIGNATURE:

ECHATURE COLURED
READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 561-9972577