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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400036485

1. Corporation Name

PEWTER AND GIFT EMPORIUM, INC.

PEWIER AND GIFT EMPORIUM, INC				
Principal Place of Business	Mailing Address		i iddiisal lid idini didi: saini asini asini anii	in striff Billi Stadt iftiet brit inat
3530 MYSTIC POINTE DRIVE APT. 2802 AVENTURA FL 33180	PO BOX 140635 CORAL GABLES FL 33114 US		DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualifed 05/05/1994	·
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0494390	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. 30/	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	ntangible □Yes □No
24 25		30	Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Current	Registerea Agent	81 Name	10. Name and Address of New Registered	a Agent
TORRES, MARIA D.				
9782 SW 133 TERR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176		83		
IVIDAIVII 1 E 33 17 G		"		
		84 City	FI	85 Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligati 	if Florida. Such change was a	uthorized by the comora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate the submits of the purpose of	of changing its registered ointment as registered
CICNATURE			ı	
SIGNATURE Signature, typed or printed name of registered agent		: Registered Agent signature requi		
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE D DIRECTORS	Registered Agent signature requi	ared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requi		ND DIRECTORS IN 12
Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE D NAME MENDEZ, MARIA E	and title if applicable. (NOTE) DIRECTORS DELETE	Registered Agent signature requi		
Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE D	and title if applicable. (NOTE) DIRECTORS DELETE	Registered Agent signature required. 13. 1.1 TITLE		
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: