

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000044758 (8)

1. Corporation Name

GIFT AMERICA INC.



Principal Place of Business

Mailing Address

11866 SW 13TH ST  
SUITE 121  
P. PINES FL 33025  
US

11866 SW 13TH ST  
SUITE 121  
P. PINES FL 33025  
US

3. Date Incorporated or Qualified  
06/10/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 8530 NW 3RD AVE

26 P.O. Box 996153

4. FEI Number  
65-0509513

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 407

27

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33126 Country USA

29 Zip 33299-6153 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEIJAARD, CORNELIS A  
11866 SW 13TH ST.  
PEMBROKE PINES FL 33025

CHANGE OF ADDRESS.

81 Name MEIJAARD, CORNELIS A

82 Street Address (P.O. Box Number is Not Acceptable)

83 8530 NW 3RD AVE # 407

84 City MIAMI FL 85 Zip Code 33126

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

Signature, title, and name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/1996

12. OFFICERS AND DIRECTORS

TITLE S  
NAME MEIJAARD, MORAIMA MERCAD  
STREET ADDRESS 11866 SW 13TH ST  
CITY - ST - ZIP P. PINES FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S  
1.2 NAME MEIJAARD, MORAIMA MERCAD  
1.3 STREET ADDRESS 8530 NW 3RD AVE # 407  
1.4 CITY - ST - ZIP MIAMI, FLORIDA 33126

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of filing

Cornelis Meijaard

April 15/1996

305-264-6976

CR2E034 (12/95)