PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATIL

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044758 1. Corporation Name

GIFT AN	MERICA INC.			
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1				
Principal Plac	e of Business	Mailing Address		(illatibat ien idit) brait datti abite bater anne pres oren sont son
8530 NW 3RD	AVE	POST OFFICE BOX 996153		
407	•••	SUITE 121		
MIAMI FL 3312	6	MIAMI FL 33299-6153		DO NOT WRITE IN THIS SPACE
US		us .		3. Date Incorporated or Qualifed
Ì			 .	06/10/1994 4. FEI Number Applied For
	lace of Business MADEIRA AVE.	2a. Mailing Address		" " "
	7 7 10 - 12 7 1			65-0509513 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22		City & State		
City & Stat		28		6. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution Added to Fees
23 CO/	Country	Zip	Country	8. This corporation owes the current year Intangible
24 331	34 [25]	29 30	- ·	Personal Property Tax.
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
	et traine alle President et en en		81 Name	MORAIMA M. MORALO.
MEL	IAARD, CORNELIS A		82 Stree	
8530	NW 3RD LANE #407		82 Stree	Address (P.O. Box Number is Not Acceptable)
) MIAI	MI FL 33126		83	
!			<u></u>	
	•		84 City	CORAL GABLES FL 85 ZIGGOOGSY.
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 of confice 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 familia) with, and accept the obligations of, Section 607.0505, Florida Statutes.				
once or registere agent, or one, in the sale of recipies agent, if an agent, if an agent, if an agent is an agent agent, and accept the soling allogs of, Section, 507 (1055, Florida Statusgs.				
SIGNATURE (MINICA) HEREAGE TRUCCONS WILL 21, 1777				
<u> </u>	Signature, types or printed name of registered agery			required when reinstrang) DATE DATE
12.	OFFICERS AND	D DELETE	13. 1.1 TDLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	S	1. Detele		HORAMA - HERCAGE HEGAMO
NAME	MELIAARD, MORAIMA M		1.2 NAME	las. Maasad H. H. H.
STREET ADDRESS	8530 NW 3RD LANE #407		1.3 STREET ADDRESS	CORAL GABLES, FL 33134
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP	Change Madding
TITLE		C) DELEVE	21 TITLE	CORNELLS METIAGED.
NAME			22 NAME	vice-pres. Theasness.
STREET ADDRESS			2.3 STREET ADDRESS	10011 1110121 21 21 21 22 22
CITY-ST-ZIP		D'OELETE -	2.4 CITY-ST-ZIP	COCAL GARSIES FL SSISY
TITLE	-	C) DETE IS	3.1 TITLE 3.2 NAME	County County
NAME			•	
STREET ADDRESS	-	· <u>-</u>	3.3 STREET ADDRESS	1
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE		C) Determ	4. 2 NAME	
NAME			4.2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS).			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
MUE		□ DELETE	5.1 IIILE 5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			54 OTY-ST-ZIP	
CITY-ST-ZIP	-	DELETÉ	6.1 TITLE	☐ Change ☐ Addition
		C OCCU	6.2 NAME	
NAME STREET ADORESS			6.3 STREET ADDRESS	Į
I SINCE AUTUMESS				·

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 supplied entire 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:

CITY-ST-ZIP

S CHARTE REQUIRED

SIGNATURE AND REGION PRINTED NAME OF SIGNANG OFFICER ON DIRECTOR

March 31

FILED

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90031 029 ***150.00