

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90007 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000064121**

1. Corporation Name

THREE GEMS, INC.

Principal Place of Business

7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351

Mailing Address

7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1994

4. FEI Number

65-0514280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
21 **1637 N. HIATUS RD.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1637 N. HIATUS RD**
Suite, Apt. #, etc.

23 **Pembroke Pines**
City & State
Zip **FL** Country **U.S.A.**

28 **Pembroke Pines, FL**
City & State
Zip **33026** Country **U.S.A.**

9. Name and Address of Current Registered Agent

~~FELICIANO, ANGELA~~ **SILNIK, GABRIEL**
~~7809 W COMMERCIAL BLVD~~
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name **GABRIEL SILNIK**
82 Street Address (P.O. Box Number is Not Acceptable)
1637 N. HIATUS RD
83
84 City **Pembroke Pines** FL 85 Zip Code **33026**

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILNIK, GABRIEL	
STREET ADDRESS	7809 W COMMERCIAL BLVD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELICIANO, ANGELA	
STREET ADDRESS	501 NW 98TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILNIK, GABRIEL	
1.3 STREET ADDRESS	1637 N HIATUS RD	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FELICIANO, CHRISTOPHER	
2.3 STREET ADDRESS	1637 N. HIATUS RD	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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:

GABRIEL SILNIK 7/28/99

954 4367120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P9400064121

599543-90007-5

Pembroke Lakes Jewelers
1637 North Hiatus Road
Pembroke Pines, Florida 33026
954 436-1120

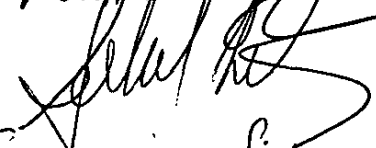
7-27-99

To: Department of State

From: Three Gems, Inc. - FEI# - 650514280
D/B/A Pembroke Lakes Jewelers

RE: Profit Corporation Annual Report 1999

Our Corporation never received the renewal for the annual report - due to the fact it was mailed to the previous accountant which we have not used since Feb. 1999. When I received this second one - which I went and picked up in person. at that point I saw the fee of \$550. Can this be waived and accept \$150 as you can see we have never been late since the corporation was formed in 1994. This would be greatly appreciated.

Thank You.

GABRIEL S. HARK, Director