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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90015 012 ***150.00

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DOCUMENT # P94000067960 1. Corporation Name

DOLPHIN'S GIFTWORLD, INC.

											1811 8 811 1 881		l
Principal Place of Business Mailing Address												14 81111 8811 194	••
300 NW 27TH AVENUE 300 NW 27TH AV					AVENUE								
MIAM! FL 33125				MIAMI FL 33125					DO NOT WRITE IN THIS SPACE				
									Date Incorporated or Qualified	_ ,,, ,,,,,	OI ACE		
									09/12/1994				
2. Principal P	lace of Busin	ness	2	2a. Mailing Address					4. FEI Number Applied For				
21				26					65-05 19993			Not Applicat	ole
Suite, Apt. #, etc.				Suite, Apt. #, etc.				***************************************			\$8.75	Additional	
22				27					5. Certificate of Status Desired	<u> </u>	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 Cou					8. This corporation owes the curre	· □ □			
24		25 29							Intangible Personal Property. Yes No				
	9. Name	and Address	of Current Reg	gistered Ager	ered Agent			10. Name and Address of New Registered Agent					
HERI	NANDEZ, G	II REPT					81	Name					
							82	Street Addr	et Address (P.O. Box Number is Not Acceptable)				
1732 S.W. 103 PLACE MIAMI FL 33165							-						
HILCHY		•				}	83						1
						Ì	84	City		FL	85 Zi	p Code	
office or	registered as	sions of sections gent, or both, in vith, and accept	the State of Flo	orida. Such ch	iange was a	uthorized	lbyth	amed corpo ne corporati	eration submits this statement for the purion's board of directors. I hereby accep	t the appoi	ntment as	registered	
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age										DATE	D DIDEO	TODO IN 40	<u> </u> କୁ
12.	OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFF	ICERS AN			12
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NAME		EZ, GILBERT	ľ			1.2 NA							
STREET ADDRESS 1732 S.W. 103 PLACE CITY-ST-ZIP MIAMI FL 33165								DDRESS					122
CITY-ST-ZIP	MIAMI PL	33100				_	Y-ST-Z	IP					
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NAME								nnpree					
STREET ADDRESS								DDRESS					
CITY-ST-ZIP	l					6.4 CIT	Y-ST-Z	ir					

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.

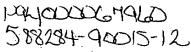
SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE PURE

R DIRECTOR

Date

Daytime Phone #





DOLPHIN'S GIFTWORLD, INC.

Cards Gifts & Office Supplies

300 N.W. 27 Avenue Miami, Florida 33125 Tel: (305) 644-3314 Fax: (305) 644-3316

July 2, 1999

Department of State
Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Corp. #P94000067960

Gentlemen:

Confirming my telephone conversation with your office this afternoon, I am enclosing the attached second notice report form along with our check #7456 in the amount of \$150.00 as requested as I did not receive the original Annual Report form originally.

Thank you for your cooperation in this regard.

Sincerely yours,

Gilbert I Hernandez