

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000068031 (1)**  
 1. Corporation Name  
**GEM CONSTRUCTION CO.**



Principal Place of Business 12540 VIRTUDES ST. CORAL GABLES FL 33156	Mailing Address 12540 VIRTUDES ST. CORAL GABLES FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2560 S.W 135 Ave	Suite, Apt. #, etc.	26 2560 S.W 135 Ave	Suite, Apt. #, etc.	09/15/1994	
22 MIAMI	City & State	27 MIAMI	City & State	4. FEI Number	Applied For
23 FL	Zip	28 FL	Zip	65-0523902	Not Applicable
24 33175	Country	29 33175	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ESPINOSA, GLORIA 12540 VIRTUDES ST. CORAL GABLES FL 33156				81 Name <b>JOSE A. DEBESA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2560 S.W 135 Ave</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33175</b>			

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	DEBESA, JOSE	1.2 NAME	
STREET ADDRESS	1254 VIRTUDES ST.	1.3 STREET ADDRESS	2560 S.W 135 Ave
CITY-ST-ZIP	CORAL GABLES FL 33156	1.4 CITY-ST-ZIP	MIAMI, FL. 33175
TITLE	STD	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ESPINOSA, GLORIA	2.2 NAME	
STREET ADDRESS	12540 VIRTUDES ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 trustee 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]* 4-14-98 305 261 9886

CR2E034 (10/97)