

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 # P95000060464 (1)

1. Corporation Name

ART OF GIVING - EXCLUSIVE GIFTS, INC.



Principal Place of Business

Mailing Address

13121 SW 108 STREET  
MIAMI FL 33186

13121 SW 108 STREET  
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NELSON, GARRY  
801 BRICKELL AVE.  
9TH FLOOR  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

3a. Date of Last Report

08/04/1995

4. FET Number

65-0633004

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 true if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MELIN, MARISA B  
STREET ADDRESS 13274 SW 108TH STREET  
CITY-ST-ZIP MIAMI FL 33186

1. TITLE P ☒ Change ☐ Addition  
2. NAME MELLO, MARISA B  
3. STREET ADDRESS 13274 S.W. 112 TERRACE  
4. CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME TEIXEIRA, DULCELINA  
STREET ADDRESS 13121 SW 108TH STREET  
CITY-ST-ZIP MIAMI FL 33186

5. TITLE S ☒ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME TOLEDO, ANA MARIA  
STREET ADDRESS 141 CRANDON BLVD., #246  
CITY-ST-ZIP KEY BISCAYNE FL 33149

9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. TITLE V/D ☐ Change ☒ Addition  
14. NAME TEIXEIRA, PAULO R  
15. STREET ADDRESS 13121 S.W. 108 STREET  
16. CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

17. TITLE T/D ☐ Change ☒ Addition  
18. NAME MELLO, DORIVAL G  
19. STREET ADDRESS 13274 S.W. 112 TERRACE  
20. CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

(305) 388 9389

CP2E034 (12/95)