SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P95000072314 (4)

GEM STAH, INC.	
Principal Place of Business	Mailing Address
1459 S.W. 99TH TERRACE	1459 S.W. 99TH TERRACE



Principal Place of Business Mailing Address												
1459 S.W. 99TH TERRACE 1459 S.W. 99TH TERRACE DAVIE FL 33324 DAVIE FL 33324												
									3. Date Incorporated or Qualified 09/19/1995	<b>3a</b> . D	ate of Last Report	
2. Principal Pl	lace of Busin	ness	2	a. Mailing A	Address				4. FEI Number		Applied For	
21			26	3					65-0612493		Not Applicable	
Suite, Apt.	#, etc			Suite, An	t #, etc.				5. Certificate of Status Desired	- TOP	\$8.75 Additional	
22			27						J. Commedie of Guillo Beamer	<u></u>	Fee Required	
	City & State			City & State					6. Election Campaign Financing		<b>\$5.00</b> May Be	
23				28					Trust Fund Contribution L-J Added to Fees			
Zιρ		Country		Zip ∃		Cou	ntry		B. This corporation has liability for intangible taxumder s. 199.032,     Florida Statutes     Yes  No			
24	0 Name	25	29 as of Current Reg			30		·····	Florida Statutes  10. Name and Address of New R		<u></u>	
			s of Culterit neg	istereu Aye			81	Name	IV. Haine and Address of New I	egistereo	₩ gent	
	orres, Mic		~=									
		TH TERRA	CE				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
U#	NIE FL 33	324				ŀ	83			<del></del>		
						ļ						
							84	City		FL	85 Zip Code	
office or ri agent I a SIGNATURE	egistered ag m familiar w	jent, or both, th, and acce	in the State of Flo pt the obligations of regenered agent and t	rida Such of of, Section 6	hange was ai 507.0505, Flo	uthorized rida Statu c Registered	by I ites	the corporat	poration submits this statement for the pion's board of directors. Thereby accepting when reinstatings	of the appo	ointment as régistered	
12.					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change				
TITLE				L	DELETE	1.1 TIT			hiquel Torres		Charlès FA vonitai	
NAME						1 2 NA		ADORESS 1	4595W994 Tem	CO.		
STREET ADDRESS						1.3 ST			Davie Fl. 3332	Š		
CITY-ST-ZIP TITLE					DELETE	2 1 111			ecretary Treasurer	1	Change Addition	
NAME				L	,	2 2 NA		_	llen Jacdow Tones		_ · -	
STREET ADDRESS								ADDRESS \	459 SW 99 Tem		,	
CITY-ST-ZIP						2 4 01			aure FI 33324			
TITLE		<del></del>			DELETE	3 1 111					Change Addition	
NAME						3 2 NA	ME					
STREET ADDRESS						33ST	REET	ADDRESS				
CITY-ST-ZIP						3 4. CI	TY - S	ST - ZIP				
TITLE				L	DELETE	4111	LE				Change Add-tion	
NAME						4 2 N	ME					
STREET ADDRESS						43SI	REET	ADDRESS				
CITY-ST-ZIP					1 5	4 <b>4</b> CH		T - ZIP				
TITLE				L	DELETE	5 1 TH					Change Addition	
NAME						52 NA						
STHEFT ADDRESS								ADDRESS				
CITY-ST-ZIP				· r	DELETE	54 (4)		T-ZIP			Change Addition	
TITLE				L	ן שכנכונ	61111					LT Cutable LT Modition	
NAME						62 NA		ADDOCOC.				
STREET ADDRESS								ADDRESS				
CITY ST-ZIP	1		All and a second	45 - 61 1-		6.4 CI	1Y - S	r-ZIP		440.07.01	(1) 51-1-1-51-1-1	

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). Flor da 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

MandaulowTores
signature and option of privated name of signing officer or director.

Tacolow Tores