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

\*PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000074731 (7) DOCUMENT #

UNIQUE GEMS INT'L CORP.

Principal Place of Business Mailing Address -1515 NW 107TH STREET 1519 NW 187TH STREET SUITE 303 SUITE 303 MIAMI FL 00169 DO NOT WRITE IN THIS SPACE MIAMI FL 33169 211 211. 3. Date Incorporated or Qualified 09/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Street 3250 Mai 21 3250 MACY 65-0612701 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 100 5. Certificate of Status Desired 100 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be miami Miami Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 33133 USA US A ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FREEMAN, LEWIS 3250 MARY STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 **COCONUT GROVE FL 33133** 84 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE RECOIVER. Addition TITLE 1817 B. FREHAN 3250 MARY ST, 14103 PIRELA, ENRIQUE-1.2 NAME NAME 1515 NW 167TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP riam DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ■ Addition 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE

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 automatic plants address.

SIGNATURE:

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

305 443-66 L

**FILED** 

Feb 20 1998 8:00am

Secretary of State