

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000018748 (9)**

1. Corporation Name  
**WATCH STATION & GIFTS, INC.**



Principal Place of Business <b>48 EAST FLAGLER STREET FLAGLER STATION LOCAL 15A MIAMI FL 33131</b>	Mailing Address <b>48 EAST FLAGLER STREET FLAGLER STATION LOCAL 15A MIAMI FL 33131-1011</b>
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3. Date Incorporated or Qualified <b>02/29/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0647132</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>PINTO DA SILVA, MARIA M 48 EAST FLAGLER STREET FLAGLER STATION LOCAL 15A MIAMI FL 33131</b>
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10. Name and Address of New Registered Agent
81 Name <b>DIAS COELHO, MARIA O</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2575 SW 27TH AVE. #309</b>
83
84 City <b>MIAMI</b>
85 FL
86 Zip Code <b>33133</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: *Maria Dias Coelho* **PRESIDENT** **3-17-97**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	<b>DIAS COELHO, MARIA O</b>
STREET ADDRESS	<b>2575 SW 27 AVENUE APT. 309</b>
CITY - ST - ZIP	<b>MIAMI FL 33133</b>
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	<b>PINTO DA SILVA, MARIA M</b>
STREET ADDRESS	<b>9551 FONTAINEBLEAU BLVD. APT. 614</b>
CITY - ST - ZIP	<b>MIAMI FL 33172</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Maria Dias Coelho* **MARIA O, DIAS COELHO** **3-17-97**  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CP2E034 (9/96)