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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042033

1. Corporation Name
HUMMINGBIRD GIFTS, INC. — PART I
PART III

[redacted]

Principal Place of Business / Mailing Address
13007 FIRTH CT.
E-28
TAMPA, FL 33612

3. Date Incorporated or Qualified: 5/16/96	3a. Date of Last Report: N/A
4. FEI Number: 593379771	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	

2. Principal Place of Business
21 [redacted]
22 Suite, Apt. #, etc: N/A
23 City & State: [redacted]
24 Zip: [redacted] 25 Country: USA

2a. Mailing Address
26 P.O. BOX 7821
27 Suite, Apt. #, etc: INDIAN LAKE ESTATES
28 City & State: FL
29 Zip: 33855 30 Country: U.S.A.

9. Name and Address of Current Registered Agent
AMERILAWYER
P.O. BOX 144479
CORAL GABLES, FL 33114-4479

10. Name and Address of New Registered Agent
81 Name: AMERILAWYER
82 Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVE.
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERTA J. WARRICK OFFICER ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(OLD) DIRECTOR/ INCORPORATOR ROBERTA J. WARRICK N/A (P.O.B. 7821, INDIAN LAKE ESTATES, FL 33855 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELSIE SANCHEZ TREASURER (T) ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[redacted] ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[redacted] ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT SECRETARY LAWRENCE J. SPIEGEL OR NATALIA UTRERA AMERILAWYER ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SAME (AS FLA. AGENT) "S" 343 ALMERIA AVE. CORAL GABLES, FL 33134 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	(305) 445-2700 (800) 603-3900 (FAX) 305-447-8900 4/29/97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600002162776 -05/02/97--01001--002 ***165.00 ☐ Change ☐ Addition

CR2E034 (10/96)

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: Roberta J. Warrick, Director 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

1-800-280-6493
Daytime Phone # (555-0843)

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