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FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000098595 (7)**

1. Corporation Name
UNIQUE TOUCH GEMS INC.

Principal Place of Business	Mailing Address
4445 W 16TH AVE. SUITE 501 **HIALEAH FL 33012**	**4445 W 16TH AVE. SUITE 501** **HIALEAH FL 33012-7192**

2. Principal Place of Business 21	2a. Mailing Address 26 1050 W. 45 PL
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Hialeah
Zip / Country 24 / 25	Zip / Country 29 FL 33012 / 30

3. Date Incorporated or Qualified: 12/05/1996
3a. Date of Last Report:
4. FEI Number: 65-0716677 (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

9. Name and Address of Current Registered Agent

REYES-GAVILAN, MARITZA
4445 W 16TH AVE, SUITE 501
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
83
84 City **FL** 85 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) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATOS, LIDIA		1.2 NAME		
STREET ADDRESS	4445 W 16TH AVE, SUITE 501		1.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REYES-GAVILAN, MARITZA		2.2 NAME		
STREET ADDRESS	4445 W 16TH AVE, SUITE 501		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REYES-GAVILAN, ARISTIDES		3.2 NAME		
STREET ADDRESS	4445 W 16TH AVE, SUITE 501		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MATOS, NILO		4.2 NAME		
STREET ADDRESS	4445 W 16TH AVE, SUITE 501		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 4-25-97 828-5205