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

officer or director of the corporation or the re-Block 12 or Block 13 if changed, or on an att

an address

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PROFIT . . . * Jun 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000027305 (6) DOCUMENT # LAS OLAS GIFTS, INC. Principal Place of Business Mailing Address 6665 BISCAYNE BLVD 6665 BISCAYNE BLVD. MIAMI FL 33138 MIAMI FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For -0824602 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Г Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STAILESHKUMAR CORPORATION SERVICE COMPANY DATABLEN 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 BISCATAR w. Bu bins 607.0502 and 607.1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered the obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the prooffice or registered agent. Lam familia SIGNATURE (NO1) Registered Agent signature required when reinstating) stere, i agrint and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ĎΡ DELFTE Change Addition TITLE 1.1 THUE DATAD:PN IVLER, DAVID J NAME 1.2 NAME SA ilesh Kumar 6665 BISCAYNE BLVD. STREET ADDRESS 1.3 STREET ADDRESS 6665 BISCATIVE **MIAMI FL 33138** 1.4 CiTY - ST - ZIP CITY-ST-ZIP 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 Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 10118 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP Addition DELETE Change G.1 TITLE TITLE 500002544915 -06/02/98--01023--049 NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ***150.00 CITY-ST-ZIP 14. Thereby certify that the information supplied with the 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 supplementar and aid 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 received in trustion empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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