

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90009 035 ***558.75

DOCUMENT # P97000043252 (0)

1. Corporation Name

GEMME INTERNATIONAL CORP.

Principal Place of Business

~~7695 S.W. 104 STREET~~
~~SUITE 210~~
~~MIAMI, FL 33156~~

Mailing Address

~~7695 S.W. 104 STREET~~
~~SUITE 210~~
~~MIAMI, FL 33156~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1997

4. FEI Number
65-0761792

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1140 KANE CONCOURSE

Suite, Apt. #, etc.

22 FIFTH FLOOR

City & State

23 BAY HARBOR ISLANDS, FL

Zip Country

24 33154 25 US

2a. Mailing Address

26 1140 KANE CONCOURSE

Suite, Apt. #, etc.

27 FIFTH FLOOR

City & State

28 BAY HARBOR ISLANDS, FL

Zip Country

29 33154 30 US

9. Name and Address of Current Registered Agent

~~LITTMAN, ERIC P. ESQ~~ Delete
~~7695 S.W. 104 STREET~~
~~SUITE 210~~
~~MIAMI, FL 33156~~

10. Name and Address of New Registered Agent

81 Name
ROBERT HENRY SILVERS
82 Street Address (P.O. Box Number is Not Acceptable)
1140 KANE CONCOURSE
83 FIFTH FLOOR
84 City
BAY HARBOR ISLANDS FL 85 Zip Code
33154

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

5/25/99

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ DELETE
NAME ~~NEWBERG, DALE~~
STREET ADDRESS ~~1428 BRICKELL AVENUE 8TH FLOOR~~
CITY-ST-ZIP ~~MIAMI, FL 33131~~

TITLE ~~STD~~ ☐ DELETE
NAME ~~BLUTTE, SUSAN~~
STREET ADDRESS ~~1428 BRICKELL AVENUE 8TH FLOOR~~
CITY-ST-ZIP ~~MIAMI, FL 33131~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: Susan Blutter SUSAN BLUTTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99 305-864-7531

Date

Daytime Phone #

CR2E034 (1/98)