09101999-90001-021-$550.00-$550.00

) (

T DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT
CORPORATION
NNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
STATE OF FLORIDA

99 OCT -6 AM 8:04

CUMENT # **P97000052709**
oration Name
O GEMS, INC.

Place of Business	Mailing Address
THWEST 41ST STREET, STE. 398 33178	9737 NORTHWEST 41ST STREET, STE. 398 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1997

4. FEI Number: 65-0778821 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

ipal Place of Business	2a. Mailing Address 26
, Apt. #, etc	Suite, Apt. #, etc. 27
State	City & State 28
Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARLUCCI, DAVID M
9737 NORTHWEST 41ST STREET, STE. 398
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: James A. Ingraham
82 Street Address (P.O. Box Number is Not Acceptable): 19101 Mystic Pointe Dr.
83
84 City: Aventura FL 85 Zip Code: 33180

suant 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 ce 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 nt. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D ☒ DELETE MARLUCCI, DAVID M RESS 9737 NORTHWEST 41ST STREET, STE. 398 MIAMI FL 33178	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Dir. James A. Ingraham 9737 NW 41st St. PMB 398 Miami, FL 33178
D ☒ DELETE INGRAHAM, JAMES A RESS 9737 NORTHWEST 41ST STREET, STE. 398 MIAMI FL 33178	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Dir. Carlos Valle 9737 NW 41st St. PMB 398 Miami, FL 33178
☐ DELETE RESS	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE RESS	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE RESS	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE RESS	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

aby 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 ated 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 ficer 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 ck 12 or Block 13 if changed, or on an attachment with an address.

IATURE: _____ 10/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #