

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90021 037 ***150.00

DOCUMENT # **P97000077104**

GEMINI ORCHIDS, INC.



Principal Place of Business Mailing Address
13997 S.W. 94 CIRCLE LANE #104 13997 S.W. 94 CIRCLE LANE #104
MIAMI FL 33186 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
13997 S.W. 94 CIRCLE LANE #104		13997 S.W. 94 CIRCLE LANE #104		09/04/1997	
MIAMI FL 33186		MIAMI FL 33186		4. FEI Number	
		26		65-0788891	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
25		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year	
		30		Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MALLO, EMILIO
13997 S.W. 94 CIRCLE LANE #104
MIAMI FL 33186

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

1. 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

1. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MALLO, EMILIO	1.2 NAME	
REET ADDRESS	13997 S.W. 94 CIRCLE LANE #104	1.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
LE	STV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MALLO, TERESA	2.2 NAME	
REET ADDRESS	13997 S.W. 94 CIRCLE LANE #104	2.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI-FL 33186	2.4 CITY-ST-ZIP	
LE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Emilio Mallo* President 7/1/99 305-383-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

585561-90021-37
P97000077104

Florida Dept. of State
Division of Corp.
P.O. Box 6327
Tallahassee, FL 32314

To: Florida Dept. Of State
RE: 1999 Profit Copt. Annual Report
From: Emilio Mallo, President
Gemini Orchids
13997 SW 94 Cir. Ln. #104
Miami, FL 33186

I have enclosed our Ck. # 1056 in the amount of \$150.00 for the filing fee for the 1999 Profit Corp. Annual Report. We did not receive the first notice you sent. I called and spoke with someone on July 2nd after we received the second notice. She told me to mail a check for \$150.00 and to state that we never received the first notice.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

Emilio Mallo

Emilio Mallo