2000 Carlo RM BUSI	NESS REPO	RT (UB	R)			
DOCUMENT # P97000087037				FILED		
DOLLAR GIFT, INC.				00 JAN 13 PH 12:08		
				SECRETARY OF STATE		
Principal Place of Business Mailing Address ARAISO PLAZA #2 PARAISO PLAZA #2				SECRETARY OF STATE TAULAMASSEE, FLORIDA		
Anniso Franciso <						
		,				
2. Principal Place of Business 3. Mailing Address 9630 - A N.W South RIVER DR 17938 N.W 68 A Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		AUE		DO NOT WRITE IN THIS SPACE		
City & State MEDLEY, FL	باست بدخيه ا		65-11/86152		Applied For Not Applicable	
Zip 33166 US	Zip 33015	Country	5	. Certificate of Status Desired Status Desired Fee Requ		
6. Name and Address of Current R	Registered Agent	Name	7.	Name and Address of New Registered Agent		
DIAZ, TEODOCIA			DIAZ, TEODOCIA			
PARAISO PLAZA #2	<u> </u>	Street Address (P.O. Box Number is Not Acceptable) 7630-ANW SOUTH RIVER DR.				
3300 W 84 ST, BAY 10 HIALEAH FL 33018		City			ode	
8. The above named entity submits this statement for the purpose of changing its register			$\frac{\text{City}}{\text{MEDLEY}} = \frac{\text{FL}}{33766}$			
8. The above named entity submits this statement for	the purpose of changing its re	egistered office o	r registered a			
SIGNATURE		POCIA D Registered Agent signal		01-11-00 n reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW !!! Tax filing requirement and elects to do so. After MAY 1, 2000 (See criteria on back) Make Check Payable		•	550.00		.00 May Be ded to Fees	
11. OFFICERS AND D		12.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE PD Delete NAME DIAZ, SARAHI STREET ADDRESS PARAISO PLAZA #2, 3300 W 84 ST, BAY 10 CITY-ST-ZIP HIALEAH FL 33018		: NAME	PD DIAZ	TEODOCIA		
		STREET ADDRESS CITY-ST-ZIP				
TITLE VD	X Delete	TITLE	11110	CT 04	e 🕅 Addition	
	DIAZ, TEODOCIA ESS PARAISO PLAZA #2, 3300 W 84 ST, BAY 10		DIA2	-A N.W. SOUTH RIVER DR		
Y-ST-ZIP HIALEAH FL 33018		STREET ADDRESS CITY-ST-ZIP	MEDLEY, FL 33166			
TITLE NAME	Delete	TITLE NAME		Chang	e 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		600003103836	1	
тпе	Delete	TITLE		600003103836 -01/20/000192dar ****150.00 *****		
NAME STREET ADDRESS		NAME STREET ADDRESS		₩₩₩₩13U.UU ₩₩₩₩	[30.00 %	
CITY - ST - ZIP		CITY-ST-ZIP				
TITLE NAME	Delete	TITLE NAME		Chang	e 🗌 Addition	
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP				
TITLE	Deiete	TITLE	+	Chang	e 🗌 Addition	
NAME STREET ADDRESS				KE		
CITY-ST-ZIP				n 119 07(3)(i) Florida Statutes I further certify that th	e information	
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:	LINTED NAME OF SIGNING OFFICER OF	LA DIA	2	01-11-00 (305) 889-2 Date Dayline Phone	2009	

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