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

DOCLIMENT

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90181 038 ***150.00

1. Corporatio	''S GEMS, INC.	JU3712U			
Principal Place	e of Business	Mailing Address		T EMBERBAY NEW SOLDY SOLDY WORLD BERLY BOUND	OU 11:11 1 203 : 2 1010 17011 0011 1601
		13800 SW 8TH ST. #327			
MIAMI FL 33184 MIAMI FL 33184					0.001.00
i				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				04/23/1998	
2. Principal P	Yace of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		65.0830113	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	9. Name and Address of Curre		30	Personal Property Tax. 10. Name and Address of New Registered	
	e, maine and Address of Culte	w wallereran where	81 Name	IV. Maille and Address Of New Neglisteret	A VIBOUL
PEREZ, ALFREDO		00 3:	(D.O. B.) Market 1		
13800 SW 8TH ST, #327		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33184		83			
			94 0		OC Zin Codo
			84 City	FI	L 85 Zip Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was au	thorized by the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	of changing its registered pintment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature requ	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD				
		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, ALFREDO	☐ DELETE	1.1 TITLE 1.2 NAME		
NAME STREET ADDRESS	PEREZ, ALFREDO 13800 SW 8TH ST, #327	☐ DELETÉ			
i	PEREZ, ALFREDO		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: