FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:00

DOCUMENT # **S17976** **(9)**

1. Corporate Name
G.I.F.T.S. LTD., INC.

Principal Place of Business	Mailing Address
9300 NW 25TH ST. STE 207 MIAMI FL 33172 US	9300 NW 25TH ST. STE 207 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1990
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21: 2200 W. COMMERCIAL BLVD
22 Suite, Apt. #, etc.: SUITE # 203
23 City & State: FT. LAUDERDALE, FL.
24 Zip: 33309. 25 Country: USA

2a. Mailing Address
26: 2200 W. COMMERCIAL BLVD
27 Suite, Apt. #, etc.: SUITE # 203
28 City & State: FT. LAUDERDALE, FL.
29 Zip: 33309 30 Country: USA

4. FEI Number: 65-0361612 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS, ALLEN/GIFTS LT I
9300 NW 25TH ST, STE 207
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2200 W. COMMERCIAL BLVD.
83: SUITE # 203
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309.

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: ALLEN ROSS Allen Ross PRESIDENT
(Typed or printed name of registered agent and the officer's capacity) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	ROSS, ALLEN	12 NAME	
STREET ADDRESS	9300 NW 25TH ST, STE 207	13 STREET ADDRESS	2200 W. COMMERCIAL BLVD, STE 203
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	FT. LAUDERDALE, FL 33309.
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare (certify) that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Allen Ross 3/23/95. 305 485-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186376 CP