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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V58258

(7)

FILED
May 05 1998 8:00am
Secretary of State

1/04 1900

	G GIFTSHOP, CORP.	Mailing Address								
2361 SW 25 TERR 2361 SW 25 TERR MIAMI FL 33133 MIAMI FL 33133						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			·	
· ,						08/14/1992				
	Place of Business	2a. Mailing Addres	S			1			plied For	
21	# .1.	26				65-0356410			t Applicabl	
Sulte, Apt.	· #, etc.	Suite, Apt. #, ei	ic.			5. Certificate of Status Desired		- /5 A	dditlonal quired	
City & Sta	te .	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution			o Fees	
Zip	Country 3	Zip		ountry	y	This corporation owes or has paid to				
24	25 9. Name and Address of Cu	29	30			Personal Property Tax due June 30			No	
		rrent Registered Agent		81	Name	10. Name and Address of New Regis	тегео Аделі			
	JIZ, ANNABELLE			Ľ	Name					
	61 SW 25 TERR			82	Street Add	ress (P.O. Box Number is Not Acceptable)			•	
· MI	AMI FL 33133	•		83	 -					
				L						
:				84	City		FL 85	Zip (Code	
11, Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida	Statutes, the	abov	e-named corr	poration submits this statement for the purp		ging it	s registere	
	registered agent, or both, in the S am tamiliar with, and accept the ol	tate of Flori da. Such chango bligations of; Soction 607.05 :	was authoriz 05, Florida St	ed by alule:	y the corporat s.	poration submits this statement for the purplion's board of directors. I hereby accept the	he appointm	ent as	registered	
SIGNATURE	Signature, typed or printed name of negistero	t agent and title if applicable.	(NOTE: Registe	red Age	ent signature requi	ed when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13	 I.		ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTOR	S IN 12	
TITLE	PVS	DELE DELE	TE 1.1	TITLE			□ C	hange	Additio	
NAME	Ruiz, annabelle	٦	1.2	NAME						
STREET ADDRESS	2361 SW 25 TERR		1.3	STREET	1 Address					
CITY-ST-ZIP	MIAMI FL			CITY-S	ST - ZIP					
TITLE	I TD	☐ DELE	TE 2.1	TITLE			LJ C	hange	Additio	
NAME	RUIZ, ANNABELLE		2.2	NAME						
STREET ADDRESS	2361 SW 25 TERR		2.3	STREET	T ADDRESS					
CITY-ST-ZIP	MIAMI FL				ST-ZIP		———— <u> </u>		0.000	
TITLE		☐ DELE		THLE			_ Ե	hange	Additio	
NAME STREET LINGUIS	,			NAME	F 4D0D(00					
STREET ADDRESS			1		T ADDRESS					
CITY-ST-Z#P		DELE		CITY -:	ST-ZIP		11 0	hange	Additio	
NAME		patt		NAME				unge		
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			ı	CITY-S	l					
TITLE		☐ DÉLE		TITLE	V1 £11		C	hange	Additio	
NAME				NAME	1					
STREET ADDRESS	}				T ADDRESS					
CITY-ST-ZIP			1	CITY-S						
TITLE		DELE		TITLE			☐ C	hange	Additio	
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CITY-ST-ZIP			6.4	CITY-S						
						Caption 110 07/2Vi) Clarida Ctatutan Litur				

I hereby certify that the information symptom with this filling 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 supplicmental 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 composition for the receiver of the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if phangets, of on an attachment with an address.