

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:05

DOCUMENT # **F93000005110 (2)**

1. Corporation Name
GETSA CORP

Principal Place of Business	Mailing Address
2451 BRICKELL AVENUE #11M MIAMI FL 33129	2451 BRICKELL AVENUE #11M MIAMI FL 33129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 04/20/1994
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2. Principal Place of Business 21 RADISSON INVERARY Suite, Apt. #, etc.	2a. Mailing Address 26 3501 INVERARY BLVD Suite, Apt. #, etc.
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4. FEI Number 65-0444456	Applied For Not Applicable
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22 3501 INVERARY BLVD City & State	27 City & State
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 LAUDERHILL FL Zip Country	28 LAUDERHILL FL Zip Country
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 33319 25 USA	29 33319 30 USA
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MONZON, MARIA E
2451 BRICKELL AVENUE #11M
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name MARIA E MONZON
82 Street Address (P.O. Box Number is Not Acceptable) 2451 BRICKELL AVE 11M
83
84 City MIAMI
85 Zip Code FL 33129

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PC	RAMIREZ, JULIAN
NAME	2451 BRICKELL AVE. #11M
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE V	MONZON, MARIA E
NAME	2451 BRICKELL AVE. #11M
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE TD	GIMENEZ, MERCEDES
NAME	2451 BRICKELL AVE. #11M
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 an attachment with an address.

SIGNATURE: **MARIA ESTELGER MONZON** 1/12/95 (305) 495-0500