03-17-1999 90138 024 ***150.00

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

DOCUMENT # **F95165**

1. Corporation Name

GEMCO INTERNATIONAL OF FLORIDA, INC.

	MATERIAL OF TEORIE	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Principal Place	of Business	Mailing Address				T (ME) 100 surft ribriter Ancias sinning m	1481 1141 WIWEL WI	MII MINIS 010	II B 1 B 17 B 7 B 71 1 B B1
% MICHAEL BEI		20803 BISCAYNE BLVD							
20803 BISCAYNE BLVD. STE 200 SUITE 200									
AVENTURA FL 33180		AVENTURA FL 33180			DO NOT WRI		SPACE		
US		US				3. Date Incorporated or Qualifed			
						08/02/1982			A
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		-	Applied For
21		26				59-2219964	****		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
22		27							
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
23		28	Countr						0.101.663
Zip	Country	Zip		у		 This corporation owes the cur Personal Property Tax. 	rent year int	angibie □ Yes	No
24	25		30			10. Name and Address of New	Registered		
	9. Name and Address of Current	Registered Agent	81	1 N:	ame	10. Haile and Address of New	registered	- ago	
RED7	ZOW, MICHAEL ESQ.		"		21110				
	3 BISCAYNE BLVD		82	2 St	reet Addre	ess (P.O. Box Number is Not Accept	able)		i
	E 200		83	_					
	ITURA FL 33180		8.5	3					}
ATEN	4101Á 1 F 20100		84	4 Ci	ty		FL	85 Zi	p Code
				丄				obogoigo.	ite registered
44 Dureusett	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above thorized by	ve-na	med corpo	oration submits this statement for the on's board of directors. I hereby acce	pt the appoi	changing ntment as	registered
office or re				v lite					
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute	y ure es.	55. po. a	•			_
office or re agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute	es.					
office or re	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	Registered Age	es.		d when reinstating)	DATE		
office or reagent. I as SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607,0505, Fion and title if applicable. (NOTE: 0) DIRECTORS	Registered Age	ent sign			DATE	ID DIREC	TORS IN 12
office or re agent. I as	m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PSD	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	ent sign		d when reinstating)	DATE		TORS IN 12
office or reagent. I as SIGNATURE	signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE	ons of, Section 607,0505, Fion and title if applicable. (NOTE: 0) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12
office or reagent. I as SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205	ons of, Section 607,0505, Fion and title if applicable. (NOTE: 0) DIRECTORS	Registered Age 13. 1.1 TITLE	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12 pe Addition
office or reagent, I as SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205	ons of, Section 607,0505, Fion and title if applicable. (NOTE: 0) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12 pe Addition
office or it agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12 pe Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12 pe Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent sign	ature required	d when reinstating)	DATE	D DIREC Chang	TORS IN 12 pe Addition
office or it agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ent sign	ature required	d when reinstating)	DATE	ID DIREC	TORS IN 12 pe Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent sign	ature required	d when reinstating)	DATE	D DIREC Chang	TORS IN 12 pe Addition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ent sign	ature required	d when reinstating)	DATE	D DIREC Chang	TORS IN 12 pe Addition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent sign ent sign EET ADO ST-ZIP EET ADO ST-ZIF EET ADO	ature required RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	SS. Sent sign ST. ZIP ST. ZIP E E E E E E C ST. ZIP C ST. ZIP	ature required RESS	d when reinstating)	DATE	D DIREC Chang	TORS IN 12 pe Addition pe Addition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	SS. Sent sign EET ADO ST-ZIP EET ADO SST-ZIF EET ADO SST-ZIF EET ADO	ature required RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition
office or it agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	EET ADO ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP EET ADO	ature required RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	Registered Apple 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	SS. Sent sign EET ADO ST-ZIF EET ADO ST-ZIF EET ADO ST-ZIF EET ADO ST-ZIF EET ADO	ature required RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE	ST. ZIP EET ADO ST. ZIF EET ADO ST. ZIF EET ADO ST. ZIF EET ADO ST. ZIF ST. ZIF ST. ZIF ST. ZIF	ature required RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition
office or it agent. I ai agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.4 CITY-	E E ET ADD ST-ZIP E E E T ADD ST-ZIP E E E E T ADD ST-ZIP E E E E E T ADD ST-ZIP	ature required RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	EET ADD ST-ZIP	RESS RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.2 NAME 4.5 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	EET ADDO ST-ZIF	RESS RESS RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.5 NAME 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE	E ET ADD ST-ZIP E E ET ADD ST-ZIP	RESS RESS RESS	d when reinstating)	DATE	ID DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition ge Addition
office or reagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSD ESKENAZI, GEORGE 8400 NW 52ND ST, STE 205 MIAMI FL VTD ESKENAZI, RUTH 8400 NW 52ND ST, STE 205	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered April 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1.2 NAME 2.3 STREE 2.4 CITY-1.3 STREE 3.3 STREE 3.4 CITY-1.4 STREE 4.2 NAME 4.9 STREE 4.4 CITY-1.5 STREE 5.5 NAME 5.3 STREE 5.4 CITY-1.5 STREE 5.5 NAME 5.3 STREE 5.4 CITY-1.5 STREE 5.5 STREE 5.5 CITY-1.5 STREE 5.5 STREE 5.5 CITY-1.5 STREE 5.5	EET ADDO ST-ZIF	RESS RESS RESS	d when reinstating)	DATE	D DIREC Chang	TORS IN 12 pe Addition pe Addition ge Addition ge Addition

CITY-ST-ZIP 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 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 mustry 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 on an attachment within address, with all other like empowered.

6.4 CITY-ST-ZIP