

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Mayne
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H45038** (7)

95 MAY -1 AM 8:47

1. Corporation Name
G. T. M. INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
9010 SW 137 AVE **9010 SW 137 AVE**
232 **232**
MIAMI FL 33186 **MIAMI FL 33186**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
02/25/1985 **08/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8319 N.W. 64 ST** 2a **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-2710669 Not Applicable

22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State
Miami, Florida

6. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution **Added to Fees**

24 Zip 25 Country 29 Zip 30 Country
33166 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALDORADO, MARIA
15059 SW 96 ST
MIAMI FL 33196

81 Name **Maria E. RAFFO**
82 Street Address (P.O. Box Number is Not Acceptable)
10275 COLLINS AVE
83 **APT 334**
84 City FL 85 Zip Code
MIAMI **33154**

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 *Maria Raffo* *Gisella Garrison* DATE **5/12/95**
Signature, typed or printed name of registered agent if applicable (NOTE: Registered agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SCANDRETH, GISELLE M.**
STREET ADDRESS **15059 SW 96TH TERR**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **D** Change Addition
1.2 NAME **NOYA-GARRISON, GISELLE**
1.3 STREET ADDRESS **8319 N.W. 64ST**
1.4 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **PD**
NAME **MALDONADO, MARIA**
STREET ADDRESS **15059 SW 96TH TERR**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **PD** Change Addition
2.2 NAME **RAFFO MARIA E**
2.3 STREET ADDRESS **10275 COLLINS AVE**
2.4 CITY-ST-ZIP **MIAMI, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 on a written instrument with an address.

SIGNATURE: *Maria Raffo* **4/27/96** (25) **594-9977**
Signature and typed or printed name of signing officer or director Date (Type in Name #)