

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000000553 (6)

1. Corporation Name
GYNA, INC.



Principal Place of Business

Mailing Address

1335 ALTON ROAD
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
01/31/1995

3a. Date of Last Report

21 2. Principal Place of Business
1335 ALTON ROAD

2a. Mailing Address
GYNA, INC

4. FEI Number
050572010

Applied For
Not Applicable

22 Suite, Apt. #, etc.
MIAMI BEACH, FL

27 Suite, Apt. #, etc.
PO BOX 403051

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

23 City & State
MIAMI BEACH, FL

28 City & State
MIAMI BEACH FL

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

24 Zip
33134

25 Country
USA

29 Zip
33140

30 Country
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

CARTILLO, MARIA D
4716 ALTON ROAD
MIAMI BEACH FL 33140

81 Name
Laura L. Webster
82 Street Address (P.O. Box Number is Not Acceptable)
642 Velarde Avenue
83 Coral Gables
84 City
FL 85 Zip Code
33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE
Laura L. Webster

4/27/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PRESIDENT	<input type="checkbox"/>
NAME	DONNA PHILLIPS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD MEMBER - D	<input type="checkbox"/>
NAME	MARIA D CARTILLO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD MEMBER - D	<input type="checkbox"/>
NAME	MIA ROSARIO - D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD MEMBER - D	<input type="checkbox"/>
NAME	CARLA LUPI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VICE PRESIDENT - DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	CLANDIA BORDEN		
1.3 STREET ADDRESS	255 West 24 St. #408		
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139		
2.1 TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	SANDY DARRELL		
2.3 STREET ADDRESS	845 NE 71st Street		
2.4 CITY-ST-ZIP	Miami FL 33138		
3.1 TITLE	TREASURER - DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	LAURA WEBSTER		
3.3 STREET ADDRESS	642 Velarde Ave.		
3.4 CITY-ST-ZIP	Coral Gables FL 33134		
4.1 TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	DONNA PHILLIPS		
4.3 STREET ADDRESS	7430 SW 59 Ct Apt CB		
4.4 CITY-ST-ZIP	MIAMI FL 33143		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura L. Webster*

2/27/96 305 567 1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)