**PROFIT CORPORATION** ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000053731

1. Corporation Name

Principal Place of Business

GEFRA INVESTMENTS CORP.

21150 BISCAYNS #302	E BLVD.	21150 BISCAYNE BLVD. #302			
AVENTURA FL 3	83190	AVENTURA FL 33180		DO NOT WRITE IN THI	S SPACE
US		US	<u>ـــــ ، ميــ</u>		
• Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
_	ace of business	·		65-0533411	Not Applicable
21		26 Suite, Apt. #, etc.		<del>_</del>	\$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired	Fee Required
City & State	<del></del>	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year to	ntangible
24	25	29 30	3	Personal Property Tax.	☐ Yes ☐ No
	9 Name and Address of Currer			10. Name and Address of New Registere	d Agent
_			81 Name		
FRAY	(ND, GERMAN			· · · · · · · · · · · · · · · · · · ·	• <del></del>
21150 BISCAYNE BLVD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
#302			83		
AVENTURA FL 33180					
AVE	410NA FE 33100		84 City		85 Zip Code
[	<b>\</b>			<b></b>	
11. Pursuant	to the provisions of Sections 607.05	2 and 607.1508, Florida Statutes,	the above-named co	orporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its registered
office or n	egistered agent, or both, in the State	tor Florida. Such change was auth tions of Section 607,0505. Florida	onzed by the corpora a Statutes.	alion's board of directors. Thereby accept the dep	omunem de l'egioterea
	in familiar your, and you	I K VM	US V	1250ms 51	24 M
SIGNATURE	Signature typed a printed some of registered age	ent and the if applicable. (NOTE: Re	stere Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Ρ/	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRAYND, GERMAN	1' \	1.2 NAME	•	
	21150 BISCAYNE BLVD.		1.3 STREET ADDRESS		
STREET ADDRESS		_	· ·		
CITY-ST-ZIP	AVENTURA FL 33180	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		1		التيام المالين	
NAME			2.2 NAME		
STREET ADDRESS	•		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Channa D Addition
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
}			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE	35 4 3		5.2 NAME		
NAME		•	5.3 STREET ADDRESS	,	
STREET ADDRESS	1 to 1 to 1 to 1				i
CITY-ST-ZIP	29		5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	Í	☐ DELETE			□ Cilange □ Addition
NAME	ļ		6.2 NAME		
CTDEET ADODESS	}		6.3 STREET ADDRESS		

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 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 of 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90015 011 \*\*\*150.00