

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000069779 (2)

1. Corporation Name  
GURBERK, INC.

Principal Place of Business  
15635 S.W. 61ST TERRACE  
MIAMI FL 33193

Mailing Address  
15635 S.W. 61ST TERRACE  
MIAMI FL 33193-2597



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0707 982		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

8. Name and Address of Current Registered Agent  
GURBUZ, UMIT  
15635 S.W. 61ST TERRACE  
MIAMI FL 33193

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Signature of the person named in Block 8 and Block 10, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ARAS, IRFAN	12 NAME	
STREET ADDRESS	98 CLOVERDALE RD.	13 STREET ADDRESS	18 Midwood Drive
CITY-STATE-ZIP	CLIFTON NJ 07013	14 CITY-STATE-ZIP	Floram Park, NJ 07932
TITLE	D	21 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	YILMAZ, ERBIL	22 NAME	
STREET ADDRESS	75 EAST END AVE. #31-D	23 STREET ADDRESS	55 West End Ave #10K
CITY-STATE-ZIP	NEW YORK NY 10023	24 CITY-STATE-ZIP	New York, NY 10023
TITLE	D	31 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	AYBERK, SERDAR	32 NAME	
STREET ADDRESS	75 EAST END AVE. #31-D	33 STREET ADDRESS	170 West 81st Street #7B
CITY-STATE-ZIP	NEW YORK NY 10023	34 CITY-STATE-ZIP	New York, NY 10024
TITLE		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do 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 is dated 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

Daytime Phone #

0263794

CR2E034 (9/96)