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98 DEC 31 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000016363 (8)**  
1. Corporation Name  
**GEE SDA, INC.**

Principal Place of Business <b>3861 NORTHEAST 16 AVENUE POMPANO BEACH FL 33064</b>	Mailing Address <b>3861 NORTHEAST 16 AVENUE POMPANO BEACH FL 33064</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1997</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>65-0729788</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	
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.				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State
	<b>500002735525</b>	<b>-01/08/99-01113-011</b>	<b>FL</b>

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<b>Director</b>
NAME	<b>SAINT-SURIN, GETHO T</b>	12 NAME	<b>Acner Olibris</b>
STREET ADDRESS	<b>3861 NORTHEAST 16 AVENUE</b>	13 STREET ADDRESS	<b>3861 NE 16 Ave</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	14 CITY-ST-ZIP	<b>Pompano Beach Fl. 33064</b>
TITLE	<b>V</b>	21 TITLE	<b>Guy Loune</b>
NAME	<b>EUGENE, JOSIAS</b>	22 NAME	<b>Director</b>
STREET ADDRESS	<b>3861 NORTHEAST 16 AVENUE</b>	23 STREET ADDRESS	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	24 CITY-ST-ZIP	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
TITLE	<b>S</b>	31 TITLE	<b>Guliano Loune</b>
NAME	<b>BARREAU, RITZA</b>	32 NAME	<b>Tressure</b>
STREET ADDRESS	<b>3861 NORTHEAST 16 AVENUE</b>	33 STREET ADDRESS	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	34 CITY-ST-ZIP	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
TITLE	<b>T</b>	41 TITLE	<b>Director</b>
NAME	<b>LOUNE, GUY</b>	42 NAME	<b>Luc Jean</b>
STREET ADDRESS	<b>3861 NORTHEAST 16 AVENUE</b>	43 STREET ADDRESS	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	44 CITY-ST-ZIP	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
TITLE	<b>Not notified per Pat</b>	51 TITLE	<b>Director</b>
NAME		52 NAME	<b>Bula Duterivil</b>
STREET ADDRESS		53 STREET ADDRESS	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>3861 NE 16 Ave Pompano Fl. 33064</b>
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 its 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 as an attachment with an address

SIGNATURE: \_\_\_\_\_ Date: **8-1-98** 954-557-0535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1097)