

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000016364

1. Corporation Name
G.W.M. GENERAL WORLD MARKET, INC.



Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
02/19/1998

4. FEI Number
 65-0818771 Applied For Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #: etc. 22	Suite, Apt. #: etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALUSSOLIA, PIERO
 200 SOUTH BISCAYNE BLVD.
 SUITE 4815
 MIAMI FL 33131

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBONDANTI, WALTER	
STREET ADDRESS	VIA SOPERGA NO.13	
CITY-ST-ZIP	20127 MILANO, ITALY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABBONDANTI, WALTER	
1.3 STREET ADDRESS	VIA SOPERGA NO. 13	
1.4 CITY-ST-ZIP	20127 MILANO, ITALY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	AS	
2.2 NAME	Fuentes, Carmen	
2.3 STREET ADDRESS	200 S. Biscayne Blvd.	
2.4 CITY-ST-ZIP	Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Carmen Fuentes* ASST. SECRETARY 7/6/99 305-373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

597070-90004-7
P98000016364

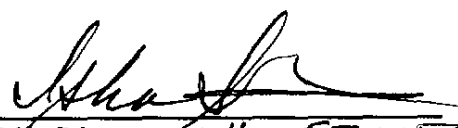
AFFIDAVIT OF ISHA STINES

BEFORE ME, the undersigned authority, personally appeared Isha Stines, who first having been duly sworn, deposes and says:

I am an employee at Salussolia & Associates located at 200 South Biscayne Boulevard, Suite 4815, Miami, Florida 33131. I am the person in charge of picking-up and delivering the mail received by this office to the proper person. To the best of my knowledge, during the months of May and June 1999, this office has not received any correspondence from the Secretary of State regarding G.W.M. General World Market, Inc.

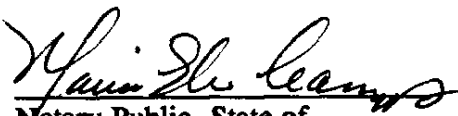
In accordance with Section 608.408 (3), Florida Statutes, this execution of this Affidavit constitutes an affirmation under penalties or perjury that the facts stated here are true.

FURTHER AFFIANT SAYETH NOT.


Isha Stines ISHA STINES

STATE OF FLORIDA)
)
COUNTY OF DADE)

SWORN TO AND SUBSCRIBED before me this 6th day of July, 1999, by Isha Stines, who is personally known to me.


Notary Public, State of
Florida at large

MY COMMISSION EXPIRES:



Mario Elena Camps
MY COMMISSION # CC808498 EXPIRES
October 29, 1999
BONDED THRU TROY FARM INSURANCE, INC.

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

018763

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

mailed 4-29-99

DOCUMENT - 1

DOCUMENT # P98000016364

1. Corporation Name
G.W.M. GENERAL WORLD MARKET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 SOUTH BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

3. Date Incorporated or Qualified
02/19/1998

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Not Applicable

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131

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81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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CITY-ST-ZIP	20127 MILANO, ITALY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABBONDANTI, WALTER	
1.3 STREET ADDRESS	VIA SOPERGA No. 13	
1.4 CITY-ST-ZIP	20127 Milano, Italy	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *[Signature]* **5/26/99** (305) 373-7016

CR2E034 (11/98)

597070-90004-7

P98000016364

Security enhanced document. See back for details.

**PIERO SALUSSOLIA
CORPORATE MANAGEMENT, INC.**
200 S. BISCAYNE BLVD., STE. 4815
MIAMI, FL 33131

1022

DATE 4/28/99

63-8045/2670
03

PAY
TO THE
ORDER OF

Secretary of State

One hundred fifty and 00/100

\$ 150.00

DOLLARS 

GIBRALTAR
MANHATTAN

100 South Biscayne Blvd.
Miami, Florida 33131

Private Banking

FOR Gwm - Annual report

Stefania Polopua

⑈001022⑈ ⑆267090455⑆

0030052653⑈