

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-04-1999 90120 002 ***150.00

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**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title 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** ☐ DELETE

NAME **ABBONDANTI, WALTER**

STREET ADDRESS **VIA SOPERGA NO.13**

CITY-ST-ZIP **20127 MILANO, ITALY**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D/P/T/S

ABBONDANTI, WALTER

VIA SOPERGA NO. 13

20127 MILANO, ITALY

AS

Fuentes, Carmen

200 S. Biscayne Blvd.

Miami, FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *[Signature]* **Assistant Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Date

305-373-7016

Daytime Phone #

CR2E034 (5/99)

597070-90004-7
P98000016364

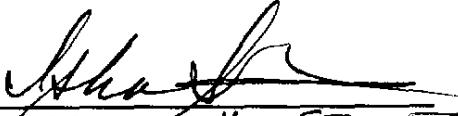
AFFIDAVIT OF ISHA STINES

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.

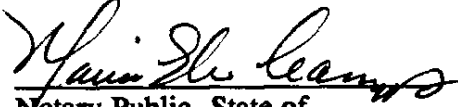
In accordance with Section 608.408 (3), Florida Statutes, this execution of this Affidavit constitutes an affirmation under penalties or perjury that the facts stated here are true.

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 FAIR INSURANCE, INC.

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

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

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G.W.M. GENERAL WORLD MARKET, INC.



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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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BLVD.
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DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D ABBONDANTI, WALTER
STREET ADDRESS VIA SOPERGA NO.13
CITY-ST-ZIP 20127 MILANO, ITALY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PTSD
1.3 STREET ADDRESS ABBONDANTI, WALTER
1.4 CITY-ST-ZIP VIA SOPERGA No. 13
20127 Milano, Italy

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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SIGNATURE:

Luca Futa

5/26/99

(305) 373-7016

CR2E034 (11/98)

018763

597070-90004-7

P98000016364

**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
MANMESH

100 South Biscayne Blvd.
Miami, Florida 33131

FOR GWM - Annual report

Private Banking

Helexia Bolopua

⑈001022⑈ ⑆267090455⑆

0030052653⑈