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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000077608

1. Corporation Name GIO CORP.

Principal Place of Business C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156

Mailing Address C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

65-0878559

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, LEONARDO A C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156

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 PSTD [] DELETE

NAME WAINER, JAVIER STREET ADDRESS 16919 N. BAY RD. APT. 918 CITY-ST-ZIP N. MIAMI BEACH FL 33160

1.1 TITLE [] Change [] Addition

1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE VPD [] DELETE

NAME WAINER, JACOBO STREET ADDRESS ARIBEFIOS 1435, 9 PISO CITY-ST-ZIP BUENOS AIRES ARGENTINA

2.1 TITLE [] Change [] Addition

2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D [] DELETE

NAME KRATSMAN, OSVALDO STREET ADDRESS CALLE CUBITA PARQUE DE LOS NINOS CITY-ST-ZIP GUAYNABO PUERTO RICO 00969

3.1 TITLE [] Change [] Addition

3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D [] DELETE

NAME SHENQUERMAN, CATHERINE M STREET ADDRESS 5825 COLLINS AVE., # CITY-ST-ZIP MIAMI FL 33140

4.1 TITLE [] Change [] Addition

4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Wainer, Pres.

(305) 670-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

02/2001