

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12: 15

DOCUMENT # **V62841** (4)
1. Corporation Name
GEO TRENDS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
601 N.E. 39TH, SUITE 318 MIAMI FL 33137 **601 N.E. 39TH, SUITE 318 MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **09/08/1992** 3a. Date of Last Report **08/11/1994**

4. FEI Number **65-0353839** 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 has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7341 N.W. 56TH STREET** 26 **7341 N.W. 56TH STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**
Zip Country Zip Country
24 **33166** 25 **33166** 29 **33166** 30 **33166**

9. Name and Address of Current Registered Agent
SAUSS, EDSON N
601 N.E. 39TH SUITE 318
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7341 N.W. 56TH STREET
83
84 City **MIAMI** FL 85 Zip Code **33166**

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 _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD SAUSS, EDSON N
NAME	601 NE 39TH SUITE 318
STREET ADDRESS	MIAMI FL 33137
CITY - ST - ZIP	
TITLE	VD FERREIRA, SONIA M
NAME	601 NE 39TH SUITE 318
STREET ADDRESS	MIAMI FL 33137
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(M), Florida Statutes. I further certify that the information included 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: *S. Ferreira* DATE: **5/15/95**
Signature and typed or printed name of signing officer or director **DIRECTOR/ VICE President**