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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

P93000057061 (2)

GEOBRIDGE CORPORATION

Principa' Place	of Business	Mailing Address			4 104 1104 1 110 19100 11111 98111 48111	39119 2010 \$1111 10911 09140 01191 1191 1826	
501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE							
SUITE 203		SUITE 203					
MIAMI FL 33 US	9131	MIAMI FL 33131 US			3. Date Incorporated or Qualified	3a. Date of Last Report	
•		•••			08/16/1993	06/29/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		•••••	4. FEI Number	Applied For	
21		26	26		65-0430963	Not Applicable	
Suite, Apt. #			Suite, Apit. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
	E 507					Fee Required	
City & State		City & State	'1 ⁻		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23] Zip	Cauntry Zip Count			This corporation has liability for int	Added to Fees		
24	25	29	30	· y	Florida Statutes Yes		
	9. Name and Address of Cu		<u></u>		10. Name and Address of New Reg	gistered Agent	
			8	1 Name)		
FREEM	an, stephen a		 F	2 Street	reet Address (P.O. Box Number is Not Acceptable)		
	ickell key dr						
SUITE			8	3			
MIAMI I	FL 33131		Ε	4 City		85 Zip Code	
	-					FL	
or registere	ed agent, or both, in the State of	Florida, Such change was auth	orized by the co	e-named c rooration':	corporation submits this statement for the purpo s board of directors. I hereby accept the appoin	use of changing its registered office ntment as registered agent. I am = !	
familiar with	n, and accept the obligations of,	Section 607.0505, Florida State	utes.	•	. , , , ,	, ,	
SIGNATURE _	Signature, typica or printed name of registeres	tax-of and the flacture	A OTHER DUST IS A		required when reinstating)	DATE	
12.		S AND DIRECTORS	13.	Jishi a girishine	ADDITIONS/CHANGES TO OFFIC	A 18 AND AND A 11 18 AND A 18	
TITLE	DP	☐ DELETE	1. 1 Titl	E		Change Addition	
NAME	JACHTCHANCO, DANIE		1.2 NAM	E			
STREET ADDRESS	520 BRICKELL KEY DR	IVE APT 707	1.3 STR	ET ADDRESS	;		
CITY-ST-ZIP	MIAMI FL		1.4 City	-SI-ZIP			
TITLE		DETELE	2. 1 TITI	F		Change Addition	
NAME			2 2 NAM	ŧ			
STREET ADDRESS			2.3 STRI	ET ADDRESS			
CITY-ST-ZIP			2 4 CITY - \$1 - ZIP			Change Addition	
TITLE		DELETE	E 3.1 TILLE 3.2 NAME			Change Addition	
NAME STREET ADDRESS				e Eet address			
CITY-ST-ZIP				- \$1 - ZIP			
TITLE		DELETE	4. 1 JIT			Change Addition	
NAME			4.2 NAM	ΙE			
STREET ADDRESS			4.3 STR	E1 ADDRESS			
CITY-ST-ZIP			4.4 ₁ 0(1)	- ST-ZIP			
TITLE		DELETE	5. 1 TITI	.Ę		Change Addition	
NAME			5.2 NAV	E			
STREET ACORESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP		C OUT		-ST-ZIP		PT ALL PT ALL PT	
TITLE		DELETE ☐ DELETE	6. 1 TITI			Change Addition	
NAME			6.2 NAN				
STREET ADDRESS				ET ADDRESS	'		
14. I do hereb	v certify that the information suor	olied with this filmo is voluntarily		-ST-ZIP oes not au	Light parties a security for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further	
certify that	the information indicated on this	annual report or supplemental	annual report is	true and a	accurate and that my signature shall have the saute this report as required by Chapter 607, Flor	ame legal effect as if made under	
	Block 12 or Block 13 if changed			S. IO EAUC	ate this report as required by ellipter 607, 1 lor	od Cidenos, blid bloc my harro	

SIGNATURE AND TYPED OR PRITISE NAME OF SIGNING OFFICER OR DIRECTOR DAY 129/96 305-371-3658 **SIGNATURE:**

- A LING HARA OND LENGO ALEM BENN DON'N DON'N BOLD HARA DON'N DON'N DON'N BOLD HARA DON'N BOLD HARA DON'N BOLD