

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000030101 (8)

1. Corporation Name

GISCO INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

**2835 SHERIDAN AVENUE
SUITE 1
MIAMI BEACH FL 33140**

**2835 SHERIDAN AVENUE
SUITE 1
MIAMI BEACH FL 33140**

2. Principal Place of Business

2a. Mailing Address

21 **4035 Meridian Ave**

26 **4035 Meridian Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1**

27 **Suite 1**

City & State

City & State

23 **Miami Beach, FL**

28 **Miami Beach FL**

Zip

Country

Zip

Country

24 **33140**

25

29 **33140**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIG, DAVID S
141 NE 3RD AVENUE
10TH FLOOR
MIAMI FL 33132**

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)

(If not, Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME **PD
WILLIG, DAVID S**
STREET ADDRESS **141 NE 3RD AVE 10TH FL**
CITY-ST-ZIP **MIAMI FL**

12 NAME **VST
Willig, Ray**
13 STREET ADDRESS **4035 Meridian Ave d1**
14 CITY-ST-ZIP **Miami Beach FL 33140**

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **VST
WILLIG, RAY**
STREET ADDRESS **2835 SHERIDAN AVE #1**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

22 NAME ☐ Change ☐ Addition

NAME

23 NAME

STREET ADDRESS

24 STREET ADDRESS

CITY-ST-ZIP

25 CITY-ST-ZIP

TITLE

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray S Willig **Ray S Willig VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-96

305-538-3514

CR2E034 (3/96)