

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000090744 (1)**

1. Corporation Name  
**G.C. BUSINESS ENTERPRISES INC.**



Principal Place of Business <b>6440 N.E. 4TH COURT MIAMI FL 33138</b>	Mailing Address <b>6440 N.E. 4TH COURT MIAMI FL 33138-6110</b>
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3. Date Incorporated or Qualified <b>12/15/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0540104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**MOSCONI, GIUSEPPE  
6440 N.E. 4TH COURT  
MIAMI FL 33138**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BETTINI, CESAR</b>	
STREET ADDRESS	<b>6911 ANNAPOLIS COURT</b>	
CITY - ST - ZIP	<b>PARK LAND FL 33067</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSCONI, GIUSEPPE</b>	
STREET ADDRESS	<b>6550 N.W. 4TH COURT</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33317</b>	

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	<b>PRESIDENT - SEC. TREAS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GIUSEPPE MOSCONI</b>
2.3 STREET ADDRESS	<b>6550 NW 4 CT</b>
2.4 CITY - ST - ZIP	<b>PLANTATION, FL. 33317</b>

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: **GIUSEPPE MOSCONI** JAN 6, 1997 (305) 754-2266

CR2E034 (9/96)