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FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 495697 (5)

1. Corporation Name
G. M. I. PRODUCTS, INC.

Principal Place of Business 2525 DAVIE ROAD SUITE 330 DAVIE FL 33317 US	Mailing Address 2525 DAVID RD. 330 DAVIE FL 33317 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1976

2. Principal Place of Business 21 1301 SAWGRASS CORP PKWY Suite, Apt. #, etc. 22 City & State 23 SUNRISE FL Zip 24 33323	2a. Mailing Address 25 1301 SAWGRASS CORP PKWY Suite, Apt. #, etc. 27 City & State 28 SUNRISE FL Zip 29 33323	4. FEI Number 59-1668972 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

DIAZ, OLGA
2525 DAVIE ROAD SUITE 330
330
DAVIE FL 33317

10. Name and Address of New Registered Agent

81 Name LOURDES LEON	85 Zip Code 33323
82 Street Address (P.O. Box Number is Not Acceptable) 1301 SAWGRASS CORP PKWY	
83	
84 City SUNRISE	FL

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 reappointing)

DATE

4/22/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINSKI, MEYER 2525 DAVIE ROAD SUITE 330 DAVIE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MINSKI, MEYER 1301 SAWGRASS CORP PKWY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MINSKI, JOSE 2525 DAVIE ROAD SUITE 330 DAVIE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VDS MINSKI, JOSE 1301 SAWGRASS CORP PKWY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINSKI, RUBEN 2525 DAVIE ROAD, SUITE 330 DAVIE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D MINSKI, RUBEN 1301 SAWGRASS CORP PKWY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINSKI, ABRAHAM 2525 DAVIE ROAD, SUITE 330 DAVIE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D MINSKI, ABRAHAM 1301 SAWGRASS CORP PKWY SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.

SIGNATURE:

[Signature]

4/22/98

CR2E034 (10/97)