

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

FILED

**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 258574 (3)
 1. Corporation Name
G.I.B. INC.



Principal Place of Business C/O HARVEY HOROWITZ, ESO SEPS&S, 551 FIFTH AVE NEW YORK NY 10176 US	Mailing Address C/O HARVEY HOROWITZ, ESO SEPS&S, 551 FIFTH AVE NEW YORK NY 10176 US
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3. Date Incorporated or Qualified 05/02/1962	3a. Date of Last Report 01/30/1996
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21. Principal Place of Business C/O Harvey Horowitz 239 East 79 St. New York NY 10021 USA	22. Mailing Address C/O HARVEY HOROWITZ 239 East 79 St. New York NY 10021 USA	4. FEI Number 34-6542314	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
23. City, State New York NY	27. City, State New York NY	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
24. Zip 10021	25. Country USA	29. Zip 10021	30. Country USA

g. Name and Address of Current Registered Agent
**NATIONAL CORPORATE RESEARCH, LTD., INC.
 1406 HAYS STREET, SUITE 2
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* **HARVEY HOROWITZ President 1/28/97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOROWITZ, HARVEY E	
STREET ADDRESS	C/O SEPS&S, 551 FIFTH AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HARVEY HOROWITZ
13 STREET ADDRESS	239 East 79th Street
14 CITY - ST - ZIP	New York, NY 10021
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	988882091968
63 STREET ADDRESS	-02/19/97--01051--038
64 CITY - ST - ZIP	***165.00

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **HARVEY HOROWITZ 1/28/97 212-861-8061**

CR2E034 (9/96)