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Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 429149 (8)**  
 1. Corporation Name  
**G.I.C. CORP.**



Principal Place of Business <b>720 NE 69 ST.</b> <b>12 W TOWER</b> <b>MIAMI FL 33138</b> <b>US</b>	Mailing Address <b>C/O ELTON CARY</b> <b>720 NE 69 STREET, SUITE 12-14 WEST</b> <b>MIAMI FL 33138</b> <b>US</b>
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2. Principal Place of Business <b>21 4000 TOWERSIDE TERR.</b> Suite, Apt. #, etc. <b>22 # 501</b> City & State <b>23 MIAMI, FL</b> Zip Country		2a. Mailing Address <b>26 4000 TOWERSIDE TERR.</b> Suite, Apt. #, etc. <b>27 # 501</b> City & State <b>28 MIAMI, FL</b> Zip Country		3. Date Incorporated or Qualified <b>06/26/1973</b>	3a. Date of Last Report <b>04/30/1996</b>
		4. FEI Number <b>59-1495640</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent <b>ELTON, M. CARY</b> <b>720 NE 69 STREET (TOWERS)</b> <b>MIAMI FL 33138</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4000 TOWERSIDE TERRACE</b> <b># 501</b> <b>83 City</b> <b>MIAMI</b>		<b>84 FL</b>	<b>85 Zip Code</b> <b>33138</b>
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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 reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE <b>CDEO</b> NAME <b>ELTON, CARY</b> STREET ADDRESS <b>720 NE 69 STREET (TOWERS)</b> CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE <b>PSD</b> NAME <b>CARY, ILENE</b> STREET ADDRESS <b>720 NE 69 STREET (TOWERS)</b> CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE <b>VPD</b> NAME <b>COKE, ASHLEY</b> STREET ADDRESS <b>7501 NW 4 ST 210</b> CITY-ST-ZIP <b>PLANTATION FL</b>	<input type="checkbox"/> DELETE
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>4000 TOWERSIDE TERR, # 501</b> <b>1.4 CITY-ST-ZIP</b> <b>MIAMI, FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>4000 TOWERSIDE TERR # 501</b> <b>2.4 CITY-ST-ZIP</b> <b>MIAMI, FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>1249 NW 75T</b> <b>4.4 CITY-ST-ZIP</b> <b>BOCA RATON, FL 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Carolyn B Pollock **CAROLYN B POLLOCK** 4/25/97 305-899-0250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #

CR2E034 (9/96)