

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

FILED
Feb 12, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-12-1999 90021 048 ****150.00

DOCUMENT # 473097

1. Corporation Name
GENERAL COMMODITIES INTERNATIONAL, INC.



Principal Place of Business 10865 NW 29 ST MIAMI FL 33172 US	Mailing Address 10865 NW 29 ST MIAMI FL 33172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/15/1975	
4. FEI Number 59-1630971	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GONZALEZ, BENIGNO J
7239 NW 33RD ST
MIAMI FL 33122

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	GONZALEZ, BENIGNO J	
STREET ADDRESS	1421 SW 93RD COURT	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JUAN C	
STREET ADDRESS	1421 SW 93RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ANA T	
STREET ADDRESS	47 NW 108TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EDDA L	
STREET ADDRESS	1421 SW 93RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALES, BENIGNO J	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EDDA S	
STREET ADDRESS	1421 SW 93RD CT	
CITY-ST-ZIP	MIAMI FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/4/99** DAYTIME PHONE #: **305-592-8778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

CR2E034 (11/98)