

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Morihani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831498 (1)

1. Corporation Name

GELCO INTERNACIONAL, S.A.



Principal Place of Business

Mailing Address

1925 NW 66 AVE
BLDG 2141
MIAMI FL 33126
US

P O BOX 520868
MIAMI FL 33152
US

3. Date Incorporated or Qualified
12/21/1973

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
13-2708411

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELFMAN, (DANIEL E.)
9401 SW 54 CT
MIAMI FL 33156**

81 Name
Daniel E. Gelfman

82 Street Address (P.O. Box Number is Not Acceptable)
1925 NW 66 AVE Bldg. 2141

84 City
Miami

FL

85 Zip Code
33126

11. Pursuant to the provisions of sections 607.0701 and 607.1506, 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.

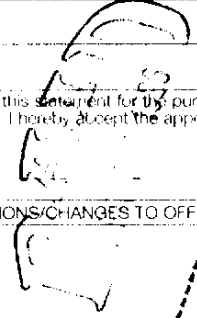
SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of Registered Agent (Signature not required for filing)

DATE

6/3/96



12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	GELFMAN, DANIEL E.	
STREET ADDRESS	9401 S.W. 54 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PARR, ALAN M	
STREET ADDRESS	14405 SW 69 CT.	
CITY - ST - ZIP	MIAMI FL	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Allan M. Parr* **Allan M. Parr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/96

CR2E034 (12/95)