

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

FILED
May 14 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F67918			
1. Corporation Name			
GUSTAVIA, INC.			
Principal Place of Business		Mailing Address	
520 8TH AVE. 25TH FLOOR NEW YORK, NY 10018			
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Shevin, Arnold D., Esq. 200 S. Biscayne Blvd. Miami, FL 33121		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
		700002190977 -05/27/97--01031--00285 ***165.00 FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/D SINGER, MARVIN 520 8TH AVENUE NEW YORK, NY 10018	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 unchanged, or on an attachment with an address			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			