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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F84726 (1)

1. Corporation Name
GENERAL MANAGEMENT SYSTEMS, INC.



Principal Place of Business
1475 N. VIEW DR.
P.O. BOX 398477
MIAMI BEACH FL 33140

Mailing Address
1475 N. VIEW DR.
P.O. BOX 398477
MIAMI BEACH FL 33140-4247

3. Date Incorporated or Qualified
06/09/1982

3a. Date of Last Report
06/03/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2213356	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

DI BELLA, FRANCOISE C
1475 N. VIEW DR.
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DI BELLA, JOSEPH P	1.2 NAME	
STREET ADDRESS	1475 N. VIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DI BELLA, FRANCOISE C.	2.2 NAME	
STREET ADDRESS	1475 N VIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DI BELLA, ALEXANDRA C.	3.2 NAME	
STREET ADDRESS	1475 N VIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DI BELLA, MELISSA C.	4.2 NAME	
STREET ADDRESS	1475 NORTH VIEW DRI	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Francoise C. DiBella Francoise C. DiBella 4/11/97 (305) 531-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0103554

CR2E034 (9/96)