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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000002 1. Corporation Name

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90042 016 ***150.00

GEFSHU, INC.		
Principal Place of Business Mailing Address		E INDIVIDU VIVO IDVII DIBVI DONIS SOUS DESIN DONIS DOVIN DONIS BONIS BESIN NON SOUS
36 N.E. 1 STREET 36 N.E. 1 STREET	•	
SUITE 730 SUITE 730		•
MIAMI FL 33132 MIAMI FL 33132		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed
		12/30/1993
Principal Place of Business Za. Mailing Address	ess	4. FEI Number Applied For
21 26		11-3141491 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,	etc.	5. Certificate of Status Desired Fee Required
22 27 City & State 27 City & State		
,		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Intangible
	30	Personal Property Tax.
24 25 29 29 9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
5. Halle and Address of Carrett Registered Agent	81 Nam	
ADLER, LESLIE CPA		
1320 S. DIXIE HWY #1061	82 Stre	et Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33146	83	
· · · · · · · · · · · · · · · · · · ·		
	84 City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607,0502 and 607,1508. Floric	a Statutes, the above-name	d corporation submits this statement for the purpose of changing its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Floric office or registered agent, or both, in the State of Florida. Such chang agent. I am familiar with, and accept the obligations of, Section 607.0 	he was authorized by the co	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
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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)(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 chapter 607 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING