			TO REINSTATE: \$375.)]	
7,7,1	PROFIT RPORATION	FLORIDA DEPARTM			
	JAL REPORT	Sandra B M Secretary c			
	1996	DIVISION OF COR			
	MENT # F94000	003241 (6)			
·	GE INTERNATIONAL, INC.			I LEGALER ING IONI OLON BOIN BOIN BOIN BOIN	
Principal Plac	e of Business	Maling Address			I BBUU BBUBL UMAB UBUT BUBBA MBU BBU
502 PARK AV SUITE 17A	/E.	502 PARK AVE. SUITE 17A			
NEW YORK N	VY 10022	NEW YORK NY 10022		3. Date Incorporated or Qualified 06/21/1994	3a. Date of Last Report 03/17/1995
1 110	Place of Business TAH STREET	· +	r stanstree	4. FEI Number 13-3394851	Applied For Not Applicable
Suite, Apt	# PE 9A	Suite Apt #, etc. 27 SVITE 6	18	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	YORK, MY	City & State A	K, N.Y	6. Election Carripaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 00	Country	Zip 29 10022 30	Country	8. This corporation has liability for in Florida Statutes	ntang ble tax under si 199 032, Yes No
<u>-1</u>	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent
C.	T CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
PL	ANTATION FL 33324		83		
			84 City		FL 85 Zip Code
			the above-named corr	poration submits this statement for the pu	
11. Pursuant office or agent 1 a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligat	and 607.1508, Florida Statutes, f Florida Such change was auth ions of, Section 607.0505, Florid	horized by the corporalida Statutes	ion's board of directors. Thereby accept	trie appointment as registered
office or agent Ta	to the provisions of Sections 607,0502 registered agent, or both, in the State of am familiar with land accept the obligations are paid to the paid of	f Florida: Such change was autr ions of, Section 607 0505, Florid	horized by the corporation Statutes Big coned Age Lagranie requi	ion's board of directors. Thereby accept	ne appointment as registered
office or agent 1 a SIGNATURE 12.	registered agent, or both, in the State of am familiar with land accept the obligat Signature typicate protections of registers taged OFFICERS AND	f Florida, Such change was auft ions of, Section 607 0505, Florid ramittic rapplication (F-3f) F DIRECTORS	horized by the corporation of th	ion's board of directors. Thereby accept	DA'E ERS AND DIRECTORS IN 12
office or agent. I a SIGNATURE.	registered agent, or both, in the State of am familiar with land accept the obligation of the policy project name of repetion tages to OFFICERS AND VD	if Florida, Such change was authors of, Section 607 0505, Florid	thorized by the corporation of t	non's board of directors. Thereby accepts ###Lebenter thing ADDITIONS/CHANGES TO OFFIC	Chare Chare Chare Chare Chare Chare Change Addition
office or agent 1 a SIGNATURE 12. THE	registered agent, or both, in the State of am familiar with land accept the obligated space types of protest named they see it agent. OFFICERS AND MAURER, DANIEL	if Florida, Such change was authors of, Section 607 0505, Florid and the Lappington (not). IDIRECTORS DELETE	thorized by the corporation of t	ion's board of directors. Thereby accept	Chare Chare Chare Chare Chare Chare Change Addition
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14. If 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 | turther 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 are an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE SIGNATURE NAME OF SPRINTED NAME OF SPRINTED NAME OF SPRINTED NAME OFFICER OR DIRECTOR 6 4 CHTY - ST - ZIP CITY-ST-ZIP

5.2 NAME

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6.2 NAME

5.3 STREET ADOPESS

6.3 STREET ADDRESS

5.4 CHY - ST-7/P

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change Addition