FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra R. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # F95165 (9) GEMCO INTERNATIONAL OF FLORIDA, INC. Principal Place of Business Mailing Address % MICHAEL BEDZOW 20803 BISCAYNE BLVD 20803 BISCAYNE BLVD. STE 200 SUITE 200 **AVENTURA FL 33180** AVENTURA FL 33180 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1982 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2219964 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEDZOW, MICHAEL ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 20803 BISCAYNE BLVD 83 SUITE 200 **AVENTURA FL 33180** 84 City Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abor registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. omit) this statement for the purpose of changing its registered office ect. I hereby accept the appointment as registered agent. I am poration's h 100 SIGNATURE Signature, typed or purited name of registered agent and the if applicable apr 1 5 **199**6 CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change ☐ Addition NAME ESKENAZI, GEORGE 1.2 NAME STREET ADDRESS 8400 NW 52ND ST, STE 205 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP TITLE DELETE **OTV** 2.1 TITLE Change Addition NAME ESKENAZI, RUTH 2.2 NAME 8400 NW 52ND ST, STE 205 STREET ADORESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE ☐ DELETE 3. 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7IP 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 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 cath; that I am an officer of director of the corporation or the frequency or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

APR 1 5 1996