FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G54615

(1)

G-SEAR, CORPORATION

Principal Place of Business 113 SE 4TH STREET HALLANDALE FL 33009		Mailing Address 113 SE 4TH STREET HALLANDALE FL 33009-6409			T 19011H SEAS AUCH ADDIG GLINT NIGOT WHE STAND GLAND GLANDIN GLAND GLAND GRAND GLAND GRAND GLAND GRAND GRAND G			
				3. Date Incorporated or Qualified 08/18/1983 Sa. Date of Last Report 10/04/1996				
2. Principal Place of Business 28. Mailing Addi			dress		4. FEI Number		Ap	plied For
21		26			59-2343962			t Applicable
Suite, Apt. #, etc		Suite, Apl. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	icate of Status Desired \$8.75 Additional Fee Required		
City & State	le	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added t	
Zıp	Country	· ····· · · · · · · · · · · · · · ·			8. This corporation has liability for			
24	25 29 30			Florida Statutes				
£ 104 And	9. Name and Address of Curren	t Registered Agent		Name	10. Name and Address of New Re	gistered Age	nt	
	ENS, MARIE		1	Name				
	S.E. 4TH STREET		8	Street A	ddress (P.O. Box Number is Not Accepta	ole)		
HALL	LANDALE FL 33009		5	13				
•								
			٤	4 City		FL 8	Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-named o	corporation submits this statement for the	ourpose of cha	<u>t</u> Ingina iti	s registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was	authorized	by the corp-	oration's board of directors. I hereby acce	pt the appointr	nent as	registered
SIGNATURE	, ,							
	Signature type dipripanted name of registered age			Agent signa ure r	equired when reinstating)	DATE		
12,	OFFICERS AND DIRECTORS DELETE		13.	T	ADDITIONS/CHANGES TO OFFI		RECTOR Change	S IN 12 Addition
TIFLE	MOURRA, GEORGE A	☐ DETER	1.1 TITU				опанце	□ Addition
NAME STREET ADDRESS	P O BOX 947 N/A		1.2 NAM	EET ADDRESS				
CHTV - ST - ZiP	PORT AU PRINCE, HAITI			-ST-ZIP				
THUE	SID	DELETE	2.1 TITL		······································		Change	Addition
NAME	MOURRA, SANDRA	•	2 2 NAN			_	•	
STREET ADDRESS	P O BOX 947 N/A		1	EET ADDRESS				
CHTY - \$1 - 71P	PORT AU PRINCE, HAITA			Y · ST · ZIP				
.TiT.E	VAS	☐ DELETE	3 1 TITL				Change	Addition
NAME	NIVENS, MARIE K.		3 2 NAN	16				
STREET ADDRESS	113 SE 4TH ST		3 3 STR	EET ADDRESS				
CHTY - ST - 71P	HALLANDALE			Y - ST - ZIP				
TITLE	AS EDEELIAN LAWDENCE A	LI DELETE	4.1 TOTU			Ц	Change	☐ Addition
NAME:	FREEMAN, LAWRENCE A ONE SE THIRD AVE #2660		4 2 NA					
STREET ADDRESS	MIAMI FL			EET ADDRESS				
CHY+S1+ZIP TITLE	711W 1871 1 to	DELETE	4.4 CITY 5.1 TIYL	F ST-ZIP			Change	Addition
NAME			5.7 INL	1		u	ហស់ម្នេច	Audicoli
STREET ADDRESS				EET ADDRESS				
CITY-SI-ZIP				(-ST-ZIP				
TITLE		DELETE	6 1 TrTL				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRESS				
CiTY+ST+ZIP				(-ST-ZIP				
	•							
14. I do here	by certify that the information supplie	d with this filling does not qua	lify for the e	xemption st	ated in Section 119.07(3)(i), Florida Statuti	s. I further cer	tify that	the
14. Edo here information Lam an o	on indicated on this annual report or s	supplemental annual report is The receiver or trustee empor	true and ac wered to ex	curate and	ated in Section 119.07(3)(i), Florida Statuti that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as if n	nade und	der oath; tha

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-13-97 (954) 456-3806

FILED

Jan 21 1997 8:00am

Secretary of State