FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J29885

(7)

FILED
Jan 31 1996 8:00 am
Secretary of State

GULF	international tradin	NG CORPORATION			#		
Principal Place of Business		Maiting Address					
	ed el geioushi y. 301 n., ste 700 3619	C/O MOHAMED E 3016 US HWY. 30 TAMPA FL 33619					
				 Date Incorporated or Qualified 08/20/1986 	Duet Freport		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	02/27/1995		
21		26		<u>59-2720760</u>	<u> </u>	ed For	
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.	38 2120100		oplicable	
City & Stat		27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Add Fee Requi		
23	· · · · · · · · · · · · · · · · · · ·	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 Ma		
Z(p)	Country 25	Zıp 29	Country 30	8. This corporation has liability for Florida Statutes	or intangible tax under s 199.tes [PNo	032,	
ļ	Name and Address of Cu	irrent Registered Agent		10. Name and Address of New	Registered Agent		
			81 N	ame			
EL GEIOUSHI, MOHAMED			82 St	82 Street Address (P.O. Box Number is Not Acceptable)			
	HWY. 301 N.				100		
STE 700			83				
tampa i	FL 33619		84 Ci	tu	1-1		
			1 1	•	FL 85 Zip Cod		
11. Pursuant or registe familiar wi	to the provisions of Sections 607.ted agent, or both, in the State of th, and accept the obligations of,	0502 and 607.1508, Florida S Florida: Such change was aut Section 607.0505, Florida Sta	atutes, the above-name norized by the corporati artes.	ed corporation submits this statement for the p ion's board of directors. I hereby accept the ap	urpose of changing its registe pointment as registered agen	ered office it. I am	
SIGNATURE	Signature, type dioripinated name of registered	agent and the if applicable	(NOTE: Registered Agent sign	ature required when reinstating	DATE		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		J 12	
TIFLE	DP	☐ DELETE	1. 1 TITLE			Addition	
NAMI	EL GEIOUSHI, MOHAMED		1.2 NAME				
STREET ADDRESS	3016 US HWY. 301 NORT	H	1.3 STREET ADDR	RESS			
CHY S1-7P	TAMPA FL		1.4 CITY - ST - ZIP				
TITLE		☐ DELETE	2 1 TITLE		Change	Addition	
NAM _E			2 2 NAME				
STREET ADDRESS			2.3 STREET ADOR	eess (
CITY-ST-ZIP			24 CITY-ST-ZIP				
TIT.F		☐ DELETE	3. † TITLE		Change	Addition	
NAME			3 2 NAME		_ · _		

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 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:

STREET ADDRESS

STREET ADDRESS

STHEE! ADDRESS

STREET ADDRESS

04Y-S1-79

CITY-ST-2IF

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TIFLE

NAME

3,11

THEF

NAM:

Mohd Gerocali

EL GEIOUSHI

3.3. STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST- 2IP

34 CiTY-ST-ZIP

4 1 TITLE

4.2 NAME

5 1 TITLE

5 2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

1/25/96

813-621-2226

Daytime Phone #

Change

☐ Change

Change

■ Addition

☐ Addition

Addition

R2F034 (12/95)