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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K33250

(7)

GI MANAGEMENT, INC.

FILED Feb 23 1998 8:00am Secretary of State

_						
Principal Place of Business Mailing Address			4 IMMINITO WOD TILDE STATED ENDER MATTER MONT REBAT DER MEDEL MEDEL MEDEL MEDEL MIDEL PREF.			
7000 SW 62ND AVE STE PH-S S. MIAMI FL 33143	7000 SW 62ND AVE STE PH-S S. MIAMI FL 33143		DO NOT WRITE IN THIS SPACE			
US	US		3. Date Incorporated or Qualified 09/16/1988			
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 65-0078189	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ip Country 25	29 30	ountry	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registers	ed Agent		
STAUBER, RONALD		81 Name				
7000 \$W 62ND AVE. STE PI SOUTH MIAMI FL 33143	H·S	82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
		83				
		84 City		85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent en	d title if applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			S IN 12			
TITLE	Ö	DELETE	1.1 TITLE		☐ Change	Addition			
NAME	STAUBER, RONALD		1.2 NAME						
STREET ADDRESS	7000 SW 62ND AVE #PH-S		1.3 STREET ADORESS						
CITY-ST-ZIP	SOUTH MIAMI FL		1.4 CITY-ST-ZIP						
TITLE	Ō	DELETE	2.1 TITLE		Change	Addition			
NAME	Bassan, Isaac		2.2 NAME						
STREET ADDRESS	7000 SW 62ND AVE #PH-S		2.3 STREET ADDRESS						
CITY-ST-ZIP	SOUTH MIAMI FL		2. 4 CITY-ST-ZIP			_			
TITLE	D	☐ DELETE	3.1 TITLE	P	☐ Change	Addition			
NAME	•		3.2 NAME	MICHAEL BLOOM TO STY					
STREET ADDRESS			3.3 STREET ADDRESS	MICHAEL BLOOM # 850 4302 ALTON RO # 850 MIAMI BEACH, FL 33140					
CITY-ST-ZIP			3.4. CITY-ST-ZIP	MINNI BEACH, FL 33140					
TOTLE		DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	-	DELET E	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						

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 trusted 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 an attachment with an address.

Romald - State 18 10 - 11/100 (305) 669-8300