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 # **K70990** **(2)**

1. Corporation Name

G.N.S. INTERNATIONAL, INC.

Principal Place of Business

1915 S. MIAMI AVENUE
MIAMI FL 33129

Mailing Address

1915 S. MIAMI AVENUE
MIAMI FL 33129

3. Date Incorporated or Qualified: **03/07/1989**

3a. Date of Last Report: **01/30/1995**

4. FEI Number: **65-0103361** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21 2600 SW 3 AVENUE
22 Suite, Apt. #, etc. 730
23 City & State MIAMI FLA.
24 Zip 33129
25 County USA.

2a. Mailing Address

26 2600 SW 3 AVENUE
27 Suite, Apt. #, etc. 730
28 City & State MIAMI FLA
29 Zip 33129
30 County USA

9. Name and Address of Current Registered Agent

RAMIREZ, MANUEL A ESQ
1001 S. BAYSHORE DR., SUITE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 or 617.1505, 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.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CORRADI, AQUILES
STREET ADDRESS 2600 S.W. 3RD AVENUE, SUITE ~~705~~ 730
CITY-ST-ZIP MIAMI FL 33129
☐ DELETE

TITLE D
NAME CORRADI, GASTON
STREET ADDRESS 2600 S.W. 3RD AVENUE
CITY-ST-ZIP MIAMI FL 33129
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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 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 added, or deleted.

SIGNATURE: GASTON CORRADI 2/5/96 (305)8544653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR