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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70990

(2)

1. Corporation Name

G.N.S. INTERNATIONAL, INC.



Principal Place of Business

2600 SW 3 AVENUE
SUITE 730
MIAMI FL 33129
US

Mailing Address

2600 SW 3 AVENUE
SUITE 730
MIAMI FL 33129-2301
US

3. Date Incorporated or Qualified

03/07/1989

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

21 1393 S.W.-1ST STREET

2a. Mailing Address

26 1393 S.W.-1ST STREET

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA.

Zip

24 33135

Country

25 USA

Zip

29 33135

Country

30 USA

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

9. Name and Address of Current Registered Agent

RAMIREZ, MANUEL A ESO
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 607.0502 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.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CORRADI, AQUILES
STREET ADDRESS 2600 SW 3RD AVENUE, SUITE 730
CITY- ST- ZIP MIAMI FL

☐ 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

TITLE
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CITY- ST- ZIP

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TITLE
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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME CORRADI, AQUILES
1.3 STREET ADDRESS 500 OCEAN LN. DRIVE - APT 601
1.4 CITY- ST- ZIP KEY BISCAYNE, FL. 33149

☐ Change

☐ Addition

2.1 TITLE D
2.2 NAME CORRADI, GASTON
2.3 STREET ADDRESS 50 OCEAN LN. DRIVE - APT 601
2.4 CITY- ST- ZIP KEY BISCAYNE, FL 33149

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

14. I do 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed thereon on an attachment with an address.

SIGNATURE:

AQUILES CORRADI

4.24.97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)