FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28413** **(7)**

1. Corporation Name

GASISOITAME, INC.

Principal Place of Business	Mailing Address
4 RUE DE NEUCHATEL CH2034 PESEUX NEUCHATEL SWITZERLAND ~~FL-04716-0848~~	4 RUE DE NEUCHATEL CH2034 PESEUX NEUCHATEL SWITZERLAND ~~FL-04716-0848~~
← STRIKE OUT	← STRIKE OUT

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/06/1989**	3a. Date of Last Report: **06/29/1994**
4. FEI Number: **59-3000948**	☐ 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 authority to manufacture tax under S. 199 USC, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

GEORGE E., HOVIS
481 EAST HIGHWAY 50
P.O.BOX 120848
CLERMONT FL 34712-0848

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date of signature. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CATTARUZZA, BRUNO	12 NAME	
STREET ADDRESS	4 RUE DE NEUCHATEL ← COMPLETE	13 STREET ADDRESS	
CITY ST ZIP	CH2034 PESEUX SWITZERLAND	14 CITY ST ZIP	
TITLE	V/P	21 TITLE	☐ Change ☐ Addition
NAME	CATTARUZZA, CLAUDETTE M ← COMPLETE	22 NAME	
STREET ADDRESS	4 RUE DE NEUCHATEL	23 STREET ADDRESS	
CITY ST ZIP	CH2034 PESEUX SWITZERLAND	24 CITY ST ZIP	
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	CATTARUZZA, JEAN-MARC J ← REMOVE	32 NAME	
STREET ADDRESS	4 RUE DE NEUCHATEL	33 STREET ADDRESS	
CITY ST ZIP	CH2034 PESEUX SWITZERLAND	34 CITY ST ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	CATTARUZZA, OSWALDO S ← CORRECT ADDRESS	42 NAME	T/D
STREET ADDRESS	22 VIA S.FOCA	43 STREET ADDRESS	CATTARUZZA, OSWALDO, MR.
CITY ST ZIP	SEDRANO DI SAN QUIRINO CI	44 CITY ST ZIP	22, VIA S.FOCA / SEDRANO DI SAN QUIRINO PROV.PORDENONE ITALY
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CATTARUZZA,ARIANNA ← CORRECT ADDRESS	52 NAME	D
STREET ADDRESS	22 VIA S.FOCA	53 STREET ADDRESS	CATTARUZZA, ARIANNA, MS.
CITY ST ZIP	ITALY	54 CITY ST ZIP	22, VIA S.FOCA / SEDRANO DI SAN QUIRINO PROV.PORDENONE ITALY
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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 above, or on an attachment with an address.

SIGNATURE: **BRUNO CATTARUZZA** **PRESIDENT AND CHAIRMAN OF THE BOARD** **15 APRIL 1995** **011 (413) 825-1034**
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — (DATE) — (TELEPHONE NUMBER)

0481018 FP