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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

L28413

(7)

GASIS	OITAME, INC.			4 48411812 414 41841 14111 81441 4188	
Principal Place	of Business	Mailing Address			O PAPA WIWAL BIWAL BIBSI WARLI WARLI WARLI BIWAL SON
4 RUE DE NEUCHATEL 4 RUE DE NEUCHATE CH2034 PESEUX NEUCHATEL CH2034 PESEUX NEU SWITZERLAND SW SWITZERLAND SW					
-USZ		-US		3. Date Incorporated or Qualified	3a. Date of Last Report
000		201		11/06/1989	- 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-3000948	Applied For Not Applicab
Suite, Apt. #	etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip ·	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Current	29	30]	Florida Statutes Yes 10. Name and Address of New R	No
	9. Name and Address of Current	t negistered Agent	81 Name	10. Haille and Addiess of New Fi	ogistoled Agent
OF OR O	EE HOME				
	E E., HOVIS ST HIGHWAY 50		82 Street Add	lress (P.O. Box Number is Not Acceptab	le)
	X 120848		83		
					1,-1 3 4 .
CLERMONT FL 34712-0848		84 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502.				
or register familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of Section	ia. Such change was authoriz	ed by the corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pintment as registered agent. I am
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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 coath, 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

TO ATURE AND TYPED OF PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

9(.16.1896 825-1034

CR2E034 (12/9)