

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 # **L28413** (7)
1. Corporation Name
GASISOITAME, INC.



Principal Place of Business
**4 RUE DE NEUCHATEL
CH2034 PESEUX NEUCHATEL
SWITZERLAND SW**
US OUT

Mailing Address
**4 RUE DE NEUCHATEL
CH2034 PESEUX NEUCHATEL
SWITZERLAND SW**
US OUT

3. Date Incorporated or Qualified
11/06/1989

3a. Date of Last Report
05/01/1995

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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	P	<input type="checkbox"/> DELETE
NAME	CATTARUZZA, BRUNO	
STREET ADDRESS	4 RUE DE NEUCHATEL	
CITY-ST-ZIP	CHCH2034 PESEUX SW	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	CATTARUZZA, CLAUDETTE M	
STREET ADDRESS	4 RUE DE NEUCHATEL	
CITY-ST-ZIP	CH2034 PESEUX SW	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CATTARUZZA, JEAN-MARC J	
STREET ADDRESS	4 RUE DE NEUCHATEL	
CITY-ST-ZIP	CH2034 PESEUX SW	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CATTARUZZA, OSWALDO S	
STREET ADDRESS	22, VIA S.FOCA/ SEDRANO DI SAN QUIRINO	
CITY-ST-ZIP	PROV.PORDENONE IT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATTARUZZA, ARIANNA	
STREET ADDRESS	22, VIA S.FOCA/ SEDRANO DI SAN QUIRINO	
CITY-ST-ZIP	PROV.PORDENONE IT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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 on an attachment with an address.

SIGNATURE:

B. Cattaruzza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.16.1996 **011(413)**
825-1034

Date

Daytime Phone #

CR2E034 (12/95)