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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
**4 RUE DE NEUCHATEL
CH2034 PESEUX NEUCHATEL
SWITZERLAND SW
US** **4 RUE DE NEUCHATEL
CH2034 PESEUX NEUCHATEL
SWITZERLAND SW 0000
US**

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

3. Date Incorporated or Qualified **11/06/1989** 3a. Date of Last Report **04/24/1996**
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

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
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 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 DELETE
NAME **P CATTARUZZA, BRUNO**
STREET ADDRESS **4 RUE DE NEUCHATEL**
CITY-ST-ZIP **CHCH2034 PESEUX SW**
TITLE DELETE
NAME **V/P CATTARUZZA, CLAUDETTE M**
STREET ADDRESS **4 RUE DE NEUCHATEL**
CITY-ST-ZIP **CH2034 PESEUX SW**
TITLE DELETE
NAME **S/D CATTARUZZA, JEAN-MARC J**
STREET ADDRESS **4 RUE DE NEUCHATEL**
CITY-ST-ZIP **CH2034 PESEUX SW**
TITLE DELETE
NAME **T/D CATTARUZZA, OSWALDO S**
STREET ADDRESS **22, VIA S.FOCA/ SERDRANO DI SAN QUIRINO**
CITY-ST-ZIP **PROV.PORDENONE IT**
TITLE DELETE
NAME **D CATTARUZZA, ARIANNA**
STREET ADDRESS **22, VIA S.FOCA/ SERDRANO DI SAN QUIRINO**
CITY-ST-ZIP **PROV.PORDENONE IT**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 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 if changed, or on an attachment with an address.

SIGNATURE: **BRUNO CATTARUZZA, PRESIDENT AND CHAIRMAN OF THE BOARD** 19 APRIL 1997 011 (413) 2725-1034

CR2E034 (9/96)