

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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

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
---	--

3. Date Incorporated or Qualified 11/06/1989	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3000948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (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/ SERDRANO DI SAN QUIRINO
CITY-ST-ZIP	PROV.PORDENONE IT
TITLE	D <input type="checkbox"/> DELETE
NAME	CATTARUZZA, ARIANNA
STREET ADDRESS	22, VIA S.FOCA/ SERDRANO 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 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)