

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L28413 (7)

1. Corporation Name
GASISOTAME, 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 00000 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1989

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CATTARUZZA, BRUNO	1.2 NAME	
STREET ADDRESS	4 RUE DE NEUCHATEL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHCH2034 PESEUX SW	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/P CATTARUZZA, CLAUDETTE M	2.2 NAME	
STREET ADDRESS	4 RUE DE NEUCHATEL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CH2034 PESEUX SW	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/D CATTARUZZA, JEAN-MARC J	3.2 NAME	
STREET ADDRESS	4 RUE DE NEUCHATEL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CH2034 PESEUX SW	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Y/D CATTARUZZA, OSWALDO S	4.2 NAME	
STREET ADDRESS	22, VIA S.FOCA/ SERDRANO DI SAN QUIRINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROV.PORDENONE IT	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CATTARUZZA, ARIANNA	5.2 NAME	
STREET ADDRESS	22, VIA S.FOCA/ SEDRANO DI SAN QUIRINO	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROV.PORDENONE IT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 the attachment with an address.

SIGNATURE _____

CR2E034 (10/97)