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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90028 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L28413

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/06/1989	4. FEI Number 59-3000948	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GEORGE E., HOVIS 481 EAST HIGHWAY 50 P.O. BOX 120848 CLERMONT FL 34712-0848		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	V/P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	S/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **13 APRIL 1999 725-1034**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001502

CR2E034 (1-1/98)