

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 MAR 27 AM 10:16**

**DOCUMENT # L32767 (0)**  
1. Corporation Name  
**GIANNIS INTERNATIONAL CORP.**

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| Principal Place of Business<br><b>% LILIANA HERNANDEZ<br/>10524 N.W. 67TH AVE., #263<br/>MIAMI FL 33015-9951</b> | Mailing Address<br><b>% LILIANA HERNANDEZ<br/>18524 N.W. 67TH AVE., #263<br/>MIAMI FL 33015-9951</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/28/1989</b>   | 3a. Date of Last Report<br><b>08/15/1994</b>           |
| 4. FEI Number<br><b>65-0190885</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. | 2a. Mailing Address<br>26 Suite, Apt. #, etc. |
| 23 City & State  | 28 City & State                               |
| 24 Zip<br>25 Country                                     | 29 Zip<br>30 Country                          |

9. Name and Address of Current Registered Agent  
**HERNANDEZ, LILIANA  
18524 N.W. 67TH AVE., #263  
MIAMI FL 33015-9951**

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 in printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when revoking

DATE

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>DP</b>                  |
| NAME           | <b>HERNANDEZ, LILIANA</b>  |
| STREET ADDRESS | <b>18524 N.W. 67TH AVE</b> |
| CITY, ST, ZIP  | <b>MIAMI FL</b>            |
| TITLE          | <b>DV</b>                  |
| NAME           | <b>HERNANDEZ, JAIRO</b>    |
| STREET ADDRESS | <b>18524 N.W. 67TH AVE</b> |
| CITY, ST, ZIP  | <b>MIAMI FL</b>            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Liliana Hernandez* **03-19-95** (305) 889-5801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR