

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

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L53911 (8)
 1. Corporation Name
GS HOLDING COMPANY OF SOUTH FLORIDA



Principal Place of Business 1132 KANE CONCOURSE SECOND FLOOR BAY HARBOR ISL FL 33154 US	Mailing Address 1132 DANE CONCOURSE SECOND FLOOR BAY HARBOR ISL FL 33154 US
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3. Date Incorporated or Qualified 03/01/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0183698	Applied For 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	

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

9. Name and Address of Current Registered Agent

**RUBIN STEVEN D
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI FL 33130**

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBACH, ROBERTO	1.2 NAME	
STREET ADDRESS	1132 KANE CONCOURSE 2ND FLR	1.3 STREET ADDRESS	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	1.4 CITY- ST- ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBACH, BEATRIZ	2.2 NAME	
STREET ADDRESS	1132 KANE CONCOURSE 2ND FLR	2.3 STREET ADDRESS	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	2.4 CITY- ST- ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, OSCAR	3.2 NAME	
STREET ADDRESS	1132 KANE CONCOURSE 2ND FLR	3.3 STREET ADDRESS	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	3.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, ANA	4.2 NAME	
STREET ADDRESS	1132 KANE CONCOURSE 2ND FLR	4.3 STREET ADDRESS	
CITY- ST- ZIP	BAY HARBOR ISLAND FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		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 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 attachment with an address.

SIGNATURE: *Beatriz Gambach* **REQUIRED** **4/16/97** **305/866-2096**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
BEATRIZ GAMBACH **0519635**

CR2E034 (9/95)