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Jan 14 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 # L98583

(2)

1. Corporation Name

GEMINI-AMERICA TRADING, INC.

Principal Place of Business

1600 10TH ST S  
SAFETY HARBOR FL 34695  
US

Mailing Address

1600 S 10TH ST  
SAFETY HARBOR FL 34695-4110  
US

3. Date Incorporated or Qualified

09/10/1990

3a. Date of Last Report

02/16/1996

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

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4. FEI Number

59-3029906

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOPE, PHILIP W  
1600 10 ST S  
SAFETY HARBOR FL 34695

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ODIO, STEPHEN	1.2 NAME	
STREET ADDRESS	2340 EDGEWATER LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LARGO FL	1.4 CITY-STATE-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	TOPE, PHIL	2.2 NAME	
STREET ADDRESS	1600 S 10TH ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SAFETY HARBOR FL	2.4 CITY-STATE-ZIP	
TITLE	AS	3.1 TITLE	
NAME	DOUGHERTY, ALINA	3.2 NAME	
STREET ADDRESS	1600 S 10TH ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SAFETY HARBOR FL	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	
NAME	KUHN, GUY M.	4.2 NAME	
STREET ADDRESS	1600 10TH STREET S.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SAFETY HARBOR FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 as an attachment with an address.

CR2E034 (9/96)