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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M41244 (8)

1. Corporation Name
GISELA U.S.A. CORP.

Principal Place of Business
201 S BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131
US

Mailing Address
201 S BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131-4332
US

3. Date Incorporated or Qualified 11/06/1986	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0201597	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 checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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 - am familiar with - and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type or professional registered agent and file it acceptable

(NOTE: Registered Agent; signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEIER, GUIDO	
STREET ADDRESS	AEULESTRAAT 5	
CITY- ST- ZIP	VADUZ, LIECHTENSTEIN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KEICHER, WERNER	
STREET ADDRESS	AEULESTRAAT 5	
CITY- ST- ZIP	VADUZ, LIECHTENSTEIN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, TIMOTHY J.	
STREET ADDRESS	201 S BISCAYNE BLVD., 1600 MIAMI CENTER	
CITY- ST- ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NAZER, SORAYA	
STREET ADDRESS	10205 COLLINS AVE	
CITY- ST- ZIP	MIAMI BCH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NAZER, ERIKA G	
STREET ADDRESS	10205 COLLINS AVE	
CITY- ST- ZIP	MIAMI BE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)