

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90243 001 ***150.00

DOCUMENT # M41244

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1986

4. FEI Number

65-0201597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS MEIER, GUIDO
CITY-ST-ZIP AEULESTRAAT 5
VADUZ, LIECHTENSTEIN

TITLE ☐ DELETE

NAME DV
STREET ADDRESS KEICHER, WERNER
CITY-ST-ZIP AEULESTRAAT 5
VADUZ, LIECHTENSTEIN

TITLE ☐ DELETE

NAME S
STREET ADDRESS MURPHY, TIMOTHY J.
CITY-ST-ZIP 201 S BISCAYNE BLVD., 1600 MIAMI CENTER
MIAMI FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS NAZER, SORAYA
CITY-ST-ZIP 10205 COLLINS AVE
MIAMI BCH FL

TITLE ☐ DELETE

NAME AS
STREET ADDRESS NAZER, ERIKA G
CITY-ST-ZIP 10205 COLLINS AVE
MIAMI BE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Murphy

4/20/99

305-358-6300

Date

Daytime Phone #

CR2E034 (11/98)