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

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **M43162**

1. Corporation Name
GAITERIA FLORIDA, INC.

Principal Place of Business	Mailing Address
% PEDRO A. MARTIN, ESQ. 1221 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131	% PEDRO A. MARTIN, ESQ. 1221 BRICKELL AVENUE, 24TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified
12/12/1986

4. FEI Number
59-2804139
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Effective Date (Optional) [ ] **$5.00** May Be Added to Fees

8. Has corporation ever filed current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
GREENBERG, TRAURIG, ET AL
1221 BRICKELL AVENUE, 24TH FLOOR
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. 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) (Address of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	JASSIR, ABDALA SAIEH		12 NAME	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174		14 CITY-ST-ZIP	
TITLE	DVS	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	JASSIR, LUIS SAIEH		22 NAME	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174		24 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	SALMAN, CARLOS		32 NAME	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174		34 CITY-ST-ZIP	
TITLE	DVT	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	MUVDI, MOISES SAIEH		42 NAME	
STREET ADDRESS	1405 S.W. 107TH AVENUE, SUITE 301-B		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 other like empowered.

SIGNATURE: _____ 4/20/99 (305)220-6768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (11/98)