FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # M43179 (4)

1. Corporation Name

G.A.S.I. HOLDINGS, INC.

Principal Place of Business

C/O LESTER G. KATES, ESQ.
~~1647 SW 27TH AVE.~~
MIAMI FL 33145

Mailing Address

C/O LESTER G. KATES, ESQ.
~~1647 SW 27TH AVE.~~
~~MIAMI FL 33145~~

2. Principal Place of Business
21 2655 LeJeune Road
Suite, Apt. #, etc.
22 807
City & State
23 Coral Gables, Fl.
Zip
24 33134
Country
25 USA

2a. Mailing Address
26 2655 LeJeune Road
Suite, Apt. #, etc.
27 807
City & State
28 Coral Gables, Florida
Zip
29 33134
Country
30 USA

3. Date Incorporated or Qualified: 12/15/1986

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2791917 ☐ 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

KATES, LESTER G., ESQ.
1647 SW 27TH AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
807 Gables International Plaza

83 2655 LeJeune Road

84 City: Coral Gables, FL 85 Zip Code: 33134

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] LESTER G. KATES, ESQ.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 5-30-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ANIBAL, ILLUECA S.	
STREET ADDRESS	CALLE 52 NO 17 BELLA VISTA, APTDO 1094	
CITY-ST-ZIP	PANAMA 1, R. P.	
TITLE	STD	☐ DELETE
NAME	ANIBAL, ILLUECA H.	
STREET ADDRESS	CALLE 52 NO 17 BELLA VIS	
CITY-ST-ZIP	PANAMA 1, R. P.	
TITLE	VS	☐ DELETE
NAME	KATES, LESTER G.	
STREET ADDRESS	1647 SW 27 AVENUE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2655 LeJeune Road, Suite 807	
3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

6/15/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANIBAL ILLUECA SIBAUSTE

Date

Daytime Phone #

CR2E034 (12/95)