04-16-1999 90028 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M43213

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

	GICS INTERNATIONAL, INC.								
Principal Place	e of Business	Mailing Address				\$ 10010011 (\{\) 01000 10\$10 11001 1	 	011 416 11 91911 01	ATT BEBIE 1881
C/O ROBERT R. VANCE C/O ROBERT R. VANCE									
8245 S.W. 116TH TERRACE 8245 S.W. 116TH TERRACE MIAMI FL 33156 MIAMI FL 33156						DO NOT WR	TE IN THIS S	SPACE	
MIAMI FL 33130	0	MIAMI FL 33130			}	3. Date Incorporated or Qualifed			
						01/01/1987			
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		App	lied For
21		26				59-2747855			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	<u> : : : : : : : : : : : : : : : : : :</u>	27				U. Continuate of States Seemed		Fee Red	
City & State	е	City & State				6. Election Campaign Financing		\$5.00	
23		28		4	<u> </u>	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cour	try		8. This corporation owes the cur			□No
24	25	29 3	0			Personal Property Tax. 10. Name and Address of New		.=	INO
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New	registorea /	-goin	
VAN	CE, ROBERT R.			1421110					
8245 SW 116TH TERR.				82 Street	Address	(P.O. Box Number is Not Accept	able)		
MIAN	MI FL 33156		-	83					
****				D-3					
			Ī	B4 City			FL	85 Zip C	ode
							F L	honding its	naistored
office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida, Such change was autions of, Section 607.0505, Florid	horized ta Statu	by the corp les.	oration's	s board of directors. I hereby acce	pt the appoin	tment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	, NOTE B	leavelered /	gent signature	enguired with	on constating)	DATE		
12.	Signature, typed or printed name of registered agent		13.	goni signature	required wit	ADDITIONS/CHANGES TO OF		DIRECTO	R\$ IN 12
TITLE	DPT	DELETE	1.1 TM	E	1 -			Change	Addition
NAME	VANCE, ROBERT R.		1.2 NA						
STREET ADDRESS	8245 S.W. 116TH TERRACE		•	EET ADDRESS	,				
1 (MIAMI FL			Y-ST-ZIP					
CITY-ST-ZIP	DVS	☐ DELETE	2.1 7171		†			☐ Change	Addition
NAME	VANCE, CYNTHIA N.		2.2 NAJ						
STREET ADDRESS	8245 S.W. 116TH TERRACE		I	EET ADDRESS		•			
i i	MIAMI-FL			Y-ST-ZIP -	ł	بورية المحدد ويدارات			÷
CITY-ST-ZIP TITLE	7.00	☐ DELETE	3.1 TITL					Change	Addition
NAME		_ ·	3.2 NA						
STREET ADDRESS				EET ADDRESS	,				
CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITI		 			Change	Addition
NAME		—	4. 2 NA					-	
STREET ADDRESS				EET ADDRESS	3				
				Y-ST-ZIP					
CITY-\$T-ZIP		☐ DELETE	5.1 TITE		+		·	Change	☐ Addition
			52 NA						

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 exporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changes, or on an attachment with an address, with all other like empowered.

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

Change

Addition