

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N41307 (2)

1. Corporation Name

GAMFERRSS CORPORATION



Principal Place of Business

Mailing Address

P O BOX 010349
MIAMI FL 33101

P O BOX 010349
MIAMI FL 33101

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOOTMAN, SAMUEL
18805 N. MIAMI AVE. #5
MIAMI FL 33169

81 Name

THOMAS, FRANKLIN

82 Street Address (P.O. Box Number is Not Acceptable)

17953 N.W. 40th COURT

83

84 City

MIAMI

FL

85 Zip Code

33055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Franklin Thomas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, GREGORY	
STREET ADDRESS	3331 NW 154TH ST	
CITY - ST - ZIP	MIAMI FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOOTMAN, SAMUEL	
STREET ADDRESS	18805 N. MIAMI AVE #5	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LACKINGS, SANDRA R	
STREET ADDRESS	15920 NW 17TH PL.	
CITY - ST - ZIP	MIAMI FL 33054	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOWE, ELIJAH	
STREET ADDRESS	12601 NW 27TH AVE T234	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRD, MELVIN	
STREET ADDRESS	720 NE 26TH STREET #103	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, ROBERT	
STREET ADDRESS	10831 NW. 22ND COURT	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS, FRANKLIN
1.3 STREET ADDRESS	17953 N.W. 40th Court
1.4 CITY - ST - ZIP	Miami, FL 33055
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMPSON, TERESA
2.3 STREET ADDRESS	934 N.W. 53RD STREET
2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33127
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHAHEED, ALPHONSO
4.3 STREET ADDRESS	8240 N.E. 8TH PLACE
4.4 CITY - ST - ZIP	MIAMI, FLORIDA 33138
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILDER, ERVIN
5.3 STREET ADDRESS	626 N.W. 67TH STREET #D
5.4 CITY - ST - ZIP	MIAMI, FLORIDA 33150
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MILLER, CLARENCE JR.
6.3 STREET ADDRESS	6680 S.W. 33 Street
6.4 CITY - ST - ZIP	Miami, FL 33023

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. JENKINS

3/6/96

DATE

687-1644

Daytime Phone #

CR2E037 (12/95)