

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90033 045 \*\*\*\*\*8.75  
03-12-1999 90033 046 \*\*\*\*\*61.25

DOCUMENT # N98000005285

1. Corporation Name

GapI International Corporation

Principal Place of Business

7027 West Broward Blvd  
Suite#214  
Plantation Florida 33317

Mailing Address

7027 W. Broward Blvd  
Suite#214  
Plantation Fl, 33317

2. Principal Place of Business

21 7027 W. Broward Blvd

22 Suite, Apt. #, etc. Suite#214

23 City & State Plantation Florida

24 Zip 33317 25 Country USA

2a. Mailing Address

26 7027 W. Broward Blvd

27 Suite, Apt. #, etc. Suite#214

28 City & State Plantation Florida

29 Zip 33317 30 Country USA

3. Date Incorporated or Qualified

09/10/98

4. FEI Number

65-0859689

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

9. Name and Address of Current Registered Agent

Singh Mitra B  
4360 N.W. 3rd Place  
Plantation Fl, 33317

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 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 Singh Mitra B. Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-99

12. OFFICERS AND DIRECTORS

TITLE	President & Director	<input type="checkbox"/> DELETE
NAME	Luis Lamar	
STREET ADDRESS	4360 N.W. 3rd Pl, Plant Fl,	
CITY-ST-ZIP	33317	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Gloria Alonso G	
STREET ADDRESS	3032 N.W. 14terr Miami Fl,	
CITY-ST-ZIP	33135	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Singh Mitra B	
STREET ADDRESS	7027 W. Broward Blvd Ste#214	
CITY-ST-ZIP	33317	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 IKG empowered.

SIGNATURE: Luis Lamar/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-99

Date

(954) 587-2915

Daytime Phone #

CR2E037 (11/98)