FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:22

DOCUMENT # P21350 (4)

1. Corporation Name
GEBCO CORPORATION

Principal Place of Business	Mailing Address
1501 VENERA AVE STE 240 CORAL GABLES FL 33146	1501 VENERA AVE STE 240 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/19/1988	02/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1500 San Remo Ave.	26 1500 San Remo Ave.
Suite, Apt. #, etc. 22 Suite 253	Suite, Apt. #, etc. 27 #253
City & State 23 Coral Gables, FL.	City & State 28 Coral Gables, FL.
Zip / Country 24 33146 / 25 USA	Zip / Country 29 33146 / 30 USA

4. FEI Number: 65-0076396 ☐ 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	10. Name and Address of New Registered Agent
GILLENTINE, NADJA 1501 VENERA AVE STE 240 PARK PLACE II CORAL GABLES FL 33146	81 Name: Nadja Gillentine 82 Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Ave. 83: #253 84 City: Coral Gables FL 85 Zip Code: 33146

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] 1/12/95
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☑ Change ☐ Addition
NAME	PINHEIRO, JOSE GUILHERME	12 NAME	Pinheiro, Jose G.
STREET ADDRESS	1501 VENERA AVE STE 240	13 STREET ADDRESS	1500 San Remo Ave. #253
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	VST	21 TITLE	D ☑ Change ☐ Addition
NAME	CARVALHO, EMIDIO	22 NAME	Carvalho, Emidio
STREET ADDRESS	1501 VENERA AVE STE 240	23 STREET ADDRESS	1500 San Remo Ave. #253
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/we 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)(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.

SIGNATURE: 1/12/95 (305)662 1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0160071 CP