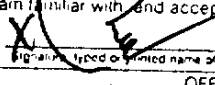
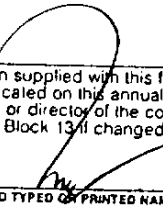


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000005434 (4)			
1. Corporation Name GISUMA INTERNATIONAL CORPORATION			
Principal Place of Business CALLE OCHO # 1015 SAN JOSE, COSTA RICA OC		Mailing Address CALLE OCHO # 1015 SANJOSE, COSTA RICA OC	
2. Principal Place of Business 21 1950 NW.182nd.Ter. Suite, Apt #, etc		2a. Mailing Address 26 1950 NW.182nd.Ter Suite, Apt #, etc	
22 City & State PEMBROKE PINES		27 City & State PEMBROKE PINES	
23 Zip 33029 Country		28 Zip 33029 Country	
24		30	
3. Date Incorporated or Qualified 01/25/1993 3a. Date of Last Report 01/1/1995			
4. FEI Number 65-0418713		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 PARLADE, ALBERTO J. 3850 S.W. 87th AVE. MIAMI, FL. 33165		10. Name and Address of New Registered Agent 81 Name GILBERTO LOPEZ 82 Street Address 1950 NW.182nd. Ter. 83 84 City PEMBROKE PINES FL 33029	
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE D/P		1.1 TITLE	
2. NAME Gilberto Lopez		1.2 NAME	
3. STREET ADDRESS 1950 NW.182nd.Ter		1.3 STREET ADDRESS	
4. CITY-ST-ZIP PEMBROKE PINES, FL 33029		1.4 CITY-ST-ZIP	
5. TITLE		2.1 TITLE	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	
25. TITLE		7.1 TITLE	
26. NAME		7.2 NAME	
27. STREET ADDRESS		7.3 STREET ADDRESS	
28. CITY-ST-ZIP		7.4 CITY-ST-ZIP	
29. TITLE		8.1 TITLE	
30. NAME		8.2 NAME	
31. STREET ADDRESS		8.3 STREET ADDRESS	
32. CITY-ST-ZIP		8.4 CITY-ST-ZIP	
33. TITLE		9.1 TITLE	
34. NAME		9.2 NAME	
35. STREET ADDRESS		9.3 STREET ADDRESS	
36. CITY-ST-ZIP		9.4 CITY-ST-ZIP	
37. TITLE		10.1 TITLE	
38. NAME		10.2 NAME	
39. STREET ADDRESS		10.3 STREET ADDRESS	
40. CITY-ST-ZIP		10.4 CITY-ST-ZIP	
41. TITLE		11.1 TITLE	
42. NAME		11.2 NAME	
43. STREET ADDRESS		11.3 STREET ADDRESS	
44. CITY-ST-ZIP		11.4 CITY-ST-ZIP	
45. TITLE		12.1 TITLE	
46. NAME		12.2 NAME	
47. STREET ADDRESS		12.3 STREET ADDRESS	
48. CITY-ST-ZIP		12.4 CITY-ST-ZIP	
49. TITLE		13.1 TITLE	
50. NAME		13.2 NAME	
51. STREET ADDRESS		13.3 STREET ADDRESS	
52. CITY-ST-ZIP		13.4 CITY-ST-ZIP	
53. TITLE		14.1 TITLE	
54. NAME		14.2 NAME	
55. STREET ADDRESS		14.3 STREET ADDRESS	
56. CITY-ST-ZIP		14.4 CITY-ST-ZIP	
57. TITLE		15.1 TITLE	
58. NAME		15.2 NAME	
59. STREET ADDRESS		15.3 STREET ADDRESS	
60. CITY-ST-ZIP		15.4 CITY-ST-ZIP	
61. TITLE		16.1 TITLE	
62. NAME		16.2 NAME	
63. STREET ADDRESS		16.3 STREET ADDRESS	
64. CITY-ST-ZIP		16.4 CITY-ST-ZIP	
65. TITLE		17.1 TITLE	
66. NAME		17.2 NAME	
67. STREET ADDRESS		17.3 STREET ADDRESS	
68. CITY-ST-ZIP		17.4 CITY-ST-ZIP	
69. TITLE		18.1 TITLE	
70. NAME		18.2 NAME	
71. STREET ADDRESS		18.3 STREET ADDRESS	
72. CITY-ST-ZIP		18.4 CITY-ST-ZIP	
73. TITLE		19.1 TITLE	
74. NAME		19.2 NAME	
75. STREET ADDRESS		19.3 STREET ADDRESS	
76. CITY-ST-ZIP		19.4 CITY-ST-ZIP	
77. TITLE		20.1 TITLE	
78. NAME		20.2 NAME	
79. STREET ADDRESS		20.3 STREET ADDRESS	
80. CITY-ST-ZIP		20.4 CITY-ST-ZIP	
81. TITLE		21.1 TITLE	
82. NAME		21.2 NAME	
83. STREET ADDRESS		21.3 STREET ADDRESS	
84. CITY-ST-ZIP		21.4 CITY-ST-ZIP	
85. TITLE		22.1 TITLE	
86. NAME		22.2 NAME	
87. STREET ADDRESS		22.3 STREET ADDRESS	
88. CITY-ST-ZIP		22.4 CITY-ST-ZIP	
89. TITLE		23.1 TITLE	
90. NAME		23.2 NAME	
91. STREET ADDRESS		23.3 STREET ADDRESS	
92. CITY-ST-ZIP		23.4 CITY-ST-ZIP	
93. TITLE		24.1 TITLE	
94. NAME		24.2 NAME	
95. STREET ADDRESS		24.3 STREET ADDRESS	
96. CITY-ST-ZIP		24.4 CITY-ST-ZIP	
97. TITLE		25.1 TITLE	
98. NAME		25.2 NAME	
99. STREET ADDRESS		25.3 STREET ADDRESS	
100. CITY-ST-ZIP		25.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT. APR 1 39 96

Date Daytime Phone 815 511196