PLEASE READ A	UL INSTRUCTI	ONS BEFORE C	OMPLETING <sup>A</sup>	Macfield	•
APPLICATION OF FOROMOREINSTATEMENT	LL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		(597 MIS +5 IST 2: 26		
DOCUMENT #1930000099009 1 Corporation Name G.E.M. ADVISOR USA, INC.			Sienward Wallerand	MAN CAME DEPARTURIUS A	4
Frincipa Piace of Business  Hoo N. MIAMI AVE.  MIAMI, FL 33127  SAME					•
If above addresses are incorrect in any way, line thro  New Principal Office Address, If Applicable	way, line through incorrect information and enter correction below.  cable 3. New Mailing Address, If Applicable		DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified		
Suite Apt *, etc	Suite, Apt. #, etc.		To Do Business in Florida 2/9/93		
City & State	City & State		5. FEI Number		X Applied For
			6.	Ç9	Not Applicable  75 Additional Fee required
Zio Country	Zip .	Country	CERTIFICATE OF STA	TUS DESIRED [ ]	or a Certificate of Status
Names and Street Addresses of Each Officer and/c     Name of Officers	r Director (Florida nonpro-	lit corporations must list at lea	<del></del>		
Title(s) and/or Directors	3 (D	Officer and/or Director NOT Use Post Office Box		City / St	ate / Zip
PISIT	,	_			
P/D GUY E. MICHIELS	4100	N. MIAMI AVL	F. <u>Mi</u>	AMI, FL	33127
			0000022659809 -08/13/9701081003 ***1245.00 ***1245.00		
				_al	2d by
		REINSTATEMENT DOT'			
B. Name and Address of Current Registered Agent  Name			9. Name and Address	of New Registered	Agent
. FILINGS, INC.	L.P. GOVACA				
Street Address (			P.O. Box Number is Not Acceptable)  N. MIAMI AVE.		
FT. LANDERDAZE, R 333/1 Suite. Apt. N. Etc					
City			AA /	State	Zip Code 33/27
10 I, being appointed the registered agent of the abo		<del>                                 </del>			
Signature of Registered Agent	GETEBED AGENT MUST	Gui G	OVAENS DA		/97
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible ta 199.032, Florida	x to the a Statutes. Yes	□ No 🗵		de for information ngible tax.)
12 if do hereby certify that the information supplied we lease the Division of Corporations from any liability certify that I am an officer or director or the receipths reinstatement application the reason for dissides owed by the corporation have been paid. Tunder oath.	ty of non-compliance with a ver or trustee empowered	to execute this application as	s provided for in chapter of s	607 or 617, F.S. I lud ection 607 0401 or 6	her certify that when filing

July. 30/97 (305)573-0785