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 # **P93000019558 (4)**

1. Corporation Name
GASCON INTERNATIONAL INVESTMENTS, INC.

Principal Place of Business
3085 VAN BUREN AVE
NAPLES FL 33962
US

Mailing Address
3085 VAN BUREN AVE
NAPLES FL 33962
US

NEW ADDRESS
NEW TELEPHONE # 941-775-8140

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 5283 MAPLE LANE
Suite, Apt. #, etc.
22
City & State
23 NAPLES, FL
Zip 24 33962 Country 25 USA

2a. Mailing Address
26 5283 MAPLE LANE
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL
Zip 29 33962 Country 30 USA

4. FEI Number: 65-0409271 — 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
GASCON, SERGE
5283 MAPLE LANE
NAPLES FL 33962

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 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] — Signature: typed or printed name of registered agent and title if applicable — DATE: 4/22/96 — Required: Any registered agent signature, when required

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	GASCON, SERGE	
STREET ADDRESS	5283 MAPLE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	JACQUES GASCON	
STREET ADDRESS	P.O. BOX 40	
CITY-ST-ZIP	LEFAIVRE, ONTARIO, CANADA, K0B 1J0	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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] — SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/22/96 Date — 941-774-4916 OR 941-775-8140 Daytime Phone #

CR2E034 (12/95)