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 #	P93000020904	(7)
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DOCUN 1. Corporation	MENT # P9300	00020904	(7)				
GFL INVESTMENTS, INC.							
Principal Place of	of Business	Mailing Address				ut ili tulit il u li bolid 1	JIII BOIH BINI FORI
321 NORTH UNIVERSITY DRIVE SUITE B11C PLANTATION FL 33324		Plaza 700 North Miami Be	NORTH MIAMI BEACH FL 33169		Date Incorporated or Qualified	3a. Date of Last	Report
US		US			03/18/1993	04/25/1	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0395889		Applied For
21 Suite, Apt. #	, etc.	26				_ \$8.7	Not Applicable 75 Additional
22		27			5. Certificate of Status Desired	1 1	e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for in Florida Statutes Yes	□No	s 199.032,
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
DATRAN CORPORATE AGENTS INC.		82		ress (P.O. Box Number is Not Acceptable	e)		
2601 S.	Bayshore dr.			Oli Got Ala			
PENTHO			83				
MIAMI FL	L 33133		B4	City		FL 85	Zip Code
or registere	o the provisions of Sections 607.05 id agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was aut	horized by the comp	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its intrnent as register	registered office ed agent. I am
SIGNATURE _		and the second second	(NOTE: Registered Ager			na n	
12.	Signature, typed or printed name of registered ay OFFICERS A	ND DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	IORS IN 12
TITLE	D	DETELE	1. 1 TII\sE			Change	e 🔲 Addition
NAME			1.2 NAME				
STREET ADDRESS	2401 S. OCEAN DR., APT. HOLLYWOOD FL 33019	1003	1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	HOLLTWOOD PL 33019		1.4 CITY-5 2.1 TITLE	51-ZIF	10. Tele 11. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Change	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET	T ADDRESS			j
CITY-ST-ZIP		FT DELEVE	2 4 CITY - 5	\$1 - ZIP			Free 6 (C)
TITLE		DELETE	3 1 TITLE	ļ		Change	e []] Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREE	T ADDRESS			
CITY-ST-ZIP	•		3.4 CITY - 5	t t			
TITLE	Management of the control of the con	☐ DELETE	4.130116			Chang	e 🔲 Addition
NAME			4.2 NAMS				,
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C OULT	4.4 CITY - S	S1-ZIP	<u> </u>	[] Chana	- ET Addition
TITLE		בן טנננונ	DELETE 5. 1 TITLE			Chang	e 🔲 Addition
NAME STREET ADDRESS			5 2 NAME	T ADDRESS			
CITY-S1-ZIP			5.3 STRCC	1			
TITLE	to the contract of the contrac	DELETE	6. 1 TITLE	51-21		Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			}
CITY-ST-ZIP		yeniya isa kasa ka asaa sa asa	6.4 CITY - 5	L			
	certify that the information supplie	d with this filing is voluntarily		L	for the exemption stated in Section 119.	07/31/kl Florida Sta	tutes I further

course any craims may me information supplies with this iming is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(5)(k). Florida Statutes, I further certify that the information indicated by 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 chapted, or on an attachment with an address.

SIGNATURE: Y

nossual SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR