

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000030101 (8)**

1. Corporation Name

GISCO INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

**2835 SHERIDAN AVENUE
SUITE 1
MIAMI BEACH FL 33140**

**2835 SHERIDAN AVENUE
SUITE 1
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified

04/23/1993

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 4035 Meridian Ave

26 4035 Meridian Ave

4. FEI Number

APPLIED FOR 65-0484507

Applied for

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Miami Beach, FL

28 Miami Beach FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33140

25

29 33140

30

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

**WILLIG, DAVID S
141 NE 3RD AVENUE
10TH FLOOR
MIAMI FL 33132**

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, typed or printed name of registered agent and title (if applicable)

(If not, Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WILLIG, DAVID S**
STREET ADDRESS **141 NE 3RD AVE 10TH FL**
CITY-ST-ZIP **MIAMI FL**

11 TITLE **VST** ☒ Change ☐ Addition
12 NAME **Willig, Ray**
13 STREET ADDRESS **4035 Meridian Ave d1**
14 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VST** ☐ DELETE
NAME **WILLIG, RAY**
STREET ADDRESS **2835 SHERIDAN AVE #1**
CITY-ST-ZIP **MIAMI BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray S Willig **Ray S Willig VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-96

305-538-3514

DATE

Telephone Number

CR2E034 (3/96)