

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000049209 (8)

1. Corporation Name  
**GERICAN, INC.**



Principal Place of Business Mailing Address  
**C/O LUIS R AVELLO P A  
7400 SW 50TH TERR STE 301  
MIAMI FL 33155  
US**

3. Date Incorporated or Qualified **07/08/1993** 3a. Date of Last Report **01/20/1995**  
4. FEI Number **65-0426899** 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

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27  
23 City & State 28  
24 Zip 25 Country 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WILLIAM, PARIS  
7400 S W 50 TERR  
#301  
MIAMI FL 33155**

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 of officer or director or member designated as the registered agent

Signature of Agent (signature required when changing)

Date

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DPVS</b>	<input type="checkbox"/>
NAME	<b>WILLIAMS, PARIS</b>	
STREET ADDRESS	<b>7400 SW 50TH TERR STE 301</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>WILLIAMS, PARIS</b>	
STREET ADDRESS	<b>7400 SW 50TH TERR STE 301</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP			
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. 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, unchanged, or on an attachment with an address.

SIGNATURE: *William Paris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-96 305-666-9184  
Date Daytime Phone

CR2E034 (12/95)