

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P93000057061 (2)**

1. Corporation Name  
**GEOBRIDGE CORPORATION**

**FILED**  
**95 JUN 29 PM 2: 12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**80 SW 8TH ST. #2000 MIAMI FL 33130 US**      **80 S.W. 8TH ST. #2000 MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/16/1993**      3a. Date of Last Report **05/12/1994**  
4. FEI Number **65-0430963**      Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contributions  **\$5.00** May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **501 BRICKELL KEY DR.** 26 **501 BRICKELL KEY DR.**  
Suits, Apt. #, etc. Suits, Apt. #, etc.  
22 **SUITE 203** 27 **SUITE 203**  
City & State City & State  
23 **MIAMI, FL** 28 **MIAMI, FL**  
Zip Country Zip Country  
24 **33131** 25 **US** 29 **33131** 30 **US**

9. Name and Address of Current Registered Agent  
**FREEMAN, STEPHEN A  
520 BRICKELL KEY DR  
SUITE 0-305  
MIAMI FL 33131**

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, typed or printed name of registered agent and title / appointment (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JACHTCHANCO, DANIEL
STREET ADDRESS	520 BRICKELL KEY DR SUITE 0-305
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	DANIEL JACHTCHENCO	
1 3 STREET ADDRESS	520 BRICKELL KEY DR. - APT 303	
1 4 CITY - ST - ZIP	MIAMI, FL 33131	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Daniel Jachtchenco DANIEL JACHTCHENCO 6/25/95 305-371-3658  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/95)