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

FILED
Aug 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000068490 (0)**

1. Corporation Name
GINALSA, INC.

Principal Place of Business	Mailing Address
8272 NW 70TH STREET MIAMI FL 33166	GINALSA, INC. 8272 NW 70TH STREET MIAMI FL 33166

2. Principal Place of Business	2a. Mailing Address
21 8272 NW 70 St.	26 8272 NW 70 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami fl	City & State 28 Miami fl
Zip 24 33166 Country 25 Dade	Zip 29 33166 Country 30 Dade

3. Date Incorporated or Qualified: 10/01/1993	3a. Date of Last Report: 08/25/1995
4. FEI Number: 65-0441412	☐ 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

BORACE, IVONNE SCHMALBACH
5427 NW 72 AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: BORACE IVONNE SCHMALBACH
82 Street Address (P.O. Box Number is Not Acceptable): 8745 SW 152 Av.
83
84 City: Miami FL 85 Zip Code: 33193

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 new registered agent, if applicable) _____ (Signature of new registered agent, if applicable) _____ (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BORACE, GIOVANNI		12 NAME		
STREET ADDRESS	8272 NW 70 STREET		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		14 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BORACE, IVONNE SCHMALBACH		22 NAME		
STREET ADDRESS	5427 NW 72 AVE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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: Giovanni Borace — 7/29/96 — 305 (597-9344)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #