

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000011696 (9)

1. Corporation Name
G.F.I. INVESTMENTS, INC.



Principal Place of Business: 999 WASHINGTON AVE. MIAMI BEACH FL 33139
Mailing Address: 999 WASHINGTON AVE. MIAMI BEACH FL 33139

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1994	3a. Date of Last Report 04/17/1995
21	22	23	24	4. FEI Number 65-0470529	Applied For / Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GALBUT, ABRAHAM A 999 WASHINGTON AVE MIAMI BCH FL 33163				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GALBUT, ALRAHAM A 999 WASHINGTON AVE. MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE	1.1 TITLE D., President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBUT, RUSSELL W 999 WASHINGTON AVE. MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE	1.2 NAME GALBUT, ABRAHAM A.
STREET ADDRESS	GALBUT, ROBERT 999 WASHINGTON AVE. MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 999 Washington Ave
CITY - ST - ZIP	GALBUT, DAVID 999 WASHINGTON AVE. MIAMI BEACH FL 33139	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP Miami Beach, FL 33139
TITLE			2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE			3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE			4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE			5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE			6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			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 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 of this report, or on an amendment which is filed.

SIGNATURE: *Abraham A Galbut* 2/6/96 (305) 672-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)