

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000011696-9**  
 1. Corporation Name  
**G.F.I. Investments, Inc.**

Principal Place of Business: **999 Washington Avenue Miami Beach, FL 33139**  
 Mailing Address: **999 Washington Avenue Miami Beach, FL 33139**

3. Date Incorporated or Qualified: **02/11/1994**  
 3a. Date of Last Report: **02/06/96**

4. FEI Number: **65-0470529**  
 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

21. Principal Place of Business: Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country

2a. Mailing Address: Suite, Apt. # etc.  
 27. City & State  
 28. Zip  
 29. Country

9. Name and Address of Current Registered Agent  
**Galbut, Abraham A.**  
**999 Washington Avenue**  
**Miami Beach, FL 33139**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83. City  
 84. City  
 85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 hereby appointed and accept the obligations of Section 607.02(2), Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/17/97**

12. OFFICERS AND DIRECTORS

TITLE	Director, President	<input type="checkbox"/> DELETE
NAME	Galbut, Abraham A.	
STREET ADDRESS	999 Washington Avenue	
CITY-STATE-ZIP	Miami Beach, FL 33139	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Galbut, Russell W.	
STREET ADDRESS	999 Washington Avenue	
CITY-STATE-ZIP	Miami Beach, FL 33139	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Galbut, Robert	
STREET ADDRESS	999 Washington Avenue	
CITY-STATE-ZIP	Miami Beach, FL 33139	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Galbut, David	
STREET ADDRESS	999 Washington Avenue	
CITY-STATE-ZIP	Miami Beach, FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

**600002120946**  
**-03/21/97--01109--011**  
**\*\*\*165.00**

14. I declare by entry that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Items 12 or 13 or in the signature block, or on an attachment with this filing.

SIGNATURE: *[Signature]* DATE: **3/17/97** DAYTIME PHONE: **305-672-3100**

CR2E034 (9/96)