FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013086 (1)

1. Corporation Name

GAN IMPORT & EXPORT CORPORATION

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE STE. 0-305 MIAMI FL 33131	520 BRICKELL KEY DRIVE STE. 0-305 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 6020 N.W. 84th AVE
Suite, Apt. #, etc. 22:
City & State 23: Miami FL
Zip 24: 33166 Country 25: USA

2a. Mailing Address
26: 6020 NW 84TH AVE
Suite, Apt. #, etc. 27:
City & State 28: Miami FL
Zip 29: 33166 Country 30: USA

4. FEI Number: 65-0468593-161600 ☐ 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

SLOSBERGAS, NELSON
520 BRICKELL KEY DRIVE
STE. 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: HUGO CUPERSCHMIDT
82 Street Address (P.O. Box Number is Not Acceptable): 6020 N.W. 84TH. AVE
83:
84 City: Miami FL 85 Zip Code: 33166

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] 02/24/95
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995		
TITLE	D P/S	11 TITLE	P/S/D	☒ Change ☐ Addition
NAME	CUPERSCHMIDT, HUGO	12 NAME	HUGO CUPERSCHMIDT	
STREET ADDRESS	520 BRICKELL KEY DRIVE	13 STREET ADDRESS	6020 NW 84th AVE.	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY ST ZIP	MIAMI FL 33166 USA	
TITLE	D V/P/T	21 TITLE	V/P/T/D	☒ Change ☐ Addition
NAME	CUPERSCHMIDT, SARA M	22 NAME	SARA MYRIAM CUPERSCHMIDT	
STREET ADDRESS	520 BRICKELL KEY DRIVE	23 STREET ADDRESS	6020 NW 84th AVE	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY ST ZIP	MIAMI FL 33166 USA	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 02/24/95 (305) 374-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0128002 CP