FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business: 21 501 Brickell Key Drive	2a. Mailing Address: 26 501 Brickell Key Drive
Suite, Apt. #, etc: 22 Suite 400	Suite, Apt. #, etc: 27 Suite 400
City & State: 23 Miami, Florida	City & State: 28 Miami, Florida
Zip: 24 33131 Country: 25 U.S.A.	Zip: 29 33131 Country: 30 U.S.A.

3. Date Incorporated or Qualified: 02/16/1994

3a. Date of Last Report: 04/18/1995

4. FEI Number: 65-0468593 ☐ 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: SLOSBERGAS, NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive
83 Suite 400
84 City: Miami, FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUPERSCHMIDT, HUGO		1.2 NAME	
STREET ADDRESS	6020 NW 84TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VPTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CUPERSCHMIDT, SARA M		2.2 NAME	
STREET ADDRESS	6020 NW 84TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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)(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: Hugo Cuperschmidt 3/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)