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FILED
Jan 23 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 # P94000016056 (1)

1. Corporation Name
GICC CAPITAL CORP.



Principal Place of Business: **% PACKMAN NEUWAHL & ROSENBERG, 1500 SAN REMO AVE., SUITE 125, CORAL GABLES FL 33146**
 Mailing Address: **% PACKMAN NEUWAHL & ROSENBERG, 1500 SAN REMO AVE., SUITE 125, CORAL GABLES FL 33146-3049**

3. Date Incorporated or Qualified: **02/28/1994**
 3a. Date of Last Report: **03/11/1996**

2. Principal Place of Business: **5161 COLLINS AVE, PH A, MIAMI BEACH FL 33140**
 2a. Mailing Address: **5161 COLLINS AVE, PH A, MIAMI BEACH FL 33140**

4. FEI Number: **65-0483725**
 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: **GANGEL, RICHARD, 5161 COLLINS AVENUE, PENTHOUSE A, MIAMI BEACH FL 33140**

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

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: PD	<input type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GANGEL, RICHARD		12 NAME:	
STREET ADDRESS: 5161 COLLINS AVENUE, PH A		13 STREET ADDRESS:	
CITY- ST- ZIP: MIAMI BEACH FL 33140		14 CITY- ST- ZIP:	
TITLE: STD	<input type="checkbox"/> DELETE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GANGEL, RONI		22 NAME:	
STREET ADDRESS: 5161 COLLINS AVENUE, PH A		23 STREET ADDRESS:	
CITY- ST- ZIP: MIAMI BEACH FL 33140		24 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY- ST- ZIP:		34 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY- ST- ZIP:		44 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY- ST- ZIP:		54 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(b), 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 applicable, or on an attachment with an address:

SIGNATURE: _____ DATE: **1/15/97** DAYTIME PHONE: **305 864 8700**

CR2E034 (9/96)