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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAR 23 PM 12: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P94000016056

1. Corporation Name GICC CAPITAL CORP.

Principal Place of Business

5161 COLLINS AVENUE PHA MIAMI BEACH FL 33140 US

Mailing Address

% PACKMAN NEUWAHL & ROSENBERG 1500 SAN REMO AVE. SUITE 125 CORAL GABLES FL 33146

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GANGEL, RICHARD 5161 COLLINS AVENUE PENTHOUSE A MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

80002826018--2

-04/01/99--01036--013

\*\*\*150.00 \*\*\*150.00

FL

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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, typed or printed name of registered agent and title of applicant

(NONE) Registered Agent Signature and Title of Applicant

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME GANGEL, RICHARD STREET ADDRESS 5161 COLLINS AVENUE, PH A CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE STD [ ] DELETE

NAME GANGEL, RONI STREET ADDRESS 5161 COLLINS AVENUE, PH A CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE [ ] DELETE

NAME [ ] DELETE STREET ADDRESS [ ] DELETE CITY-ST-ZIP [ ] DELETE

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NAME [ ] DELETE STREET ADDRESS [ ] DELETE CITY-ST-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE STREET ADDRESS [ ] DELETE CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME [ ] Change [ ] Addition

13 STREET ADDRESS [ ] Change [ ] Addition

14 CITY-ST-ZIP [ ] Change [ ] Addition

21 TITLE [ ] Change [ ] Addition

22 NAME [ ] Change [ ] Addition

23 STREET ADDRESS [ ] Change [ ] Addition

24 CITY-ST-ZIP [ ] Change [ ] Addition

31 TITLE [ ] Change [ ] Addition

32 NAME [ ] Change [ ] Addition

33 STREET ADDRESS [ ] Change [ ] Addition

34 CITY-ST-ZIP [ ] Change [ ] Addition

41 TITLE [ ] Change [ ] Addition

42 NAME [ ] Change [ ] Addition

43 STREET ADDRESS [ ] Change [ ] Addition

44 CITY-ST-ZIP [ ] Change [ ] Addition

51 TITLE [ ] Change [ ] Addition

52 NAME [ ] Change [ ] Addition

53 STREET ADDRESS [ ] Change [ ] Addition

54 CITY-ST-ZIP [ ] Change [ ] Addition

61 TITLE [ ] Change [ ] Addition

62 NAME [ ] Change [ ] Addition

63 STREET ADDRESS [ ] Change [ ] Addition

64 CITY-ST-ZIP [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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 in an Attachment with the address, with all other like empowered

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (954) 747-6800

7650 3/23/99