


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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90056 047 \*\*\*150.00



|   |   |  |   |
|---|---|--|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |   |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |   |
| <b>DOCUMENT # P94000017907</b>  |   |  |   |
| 1. Corporation Name<br><b>GSS IMPORT EXPORT, INC.</b>   |   |  |   |
| Principal Place of Business<br><b>10201 HAMMOCKS BLVD., SUITE 153</b><br><b>MIAMI FL 33196</b><br><b>US</b>   |   | Mailing Address<br><b>10201 HAMMOCKS BLVD</b><br><b>SUITE 153</b><br><b>MIAMI FL 33196</b><br><b>US</b>  |   |
| 2. Principal Place of Business<br>21 <b>14351 S.W. 116 TERRACE</b><br>Suite, Apt. #, etc.<br>22<br>City & State <b>MIAMI FLORIDA</b><br>23 Zip <b>33186</b> Country <b>DADE</b><br>24   |   | 2a. Mailing Address<br>26 <b>10201 HAMMOCKS BLVD.</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 153/470</b><br>City & State <b>MIAMI FLORIDA</b><br>28 Zip <b>33196</b> Country <b>DADE</b><br>29  |   |
| 9. Name and Address of Current Registered Agent<br><b>CHAMY, NAZIH</b><br><b>15155 SW 94TH TER</b><br><b>MIAMI FL 33196</b>   |   | 10. Name and Address of New Registered Agent<br>81 Name <b>NAZIH, CHAMY</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>14351 SW. 116 TH TERRACE</b><br>83<br>84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33186</b> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DP</b><br><b>CHAMY, NAZIH</b><br><b>14351 SW 116TH TERR</b><br><b>MIAMI FL 33186</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>CHAMY, MARGARY</b><br><b>14351 SW 116 TERR</b><br><b>MIAMI FL</b>       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NAZIH CHAMY**

**JAN. 12-99**

Date

Daytime Phone #

CR2E034 (11/98)