

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 0000 20245

1. Corporation Name:
THE GINGERBREAD MAN IV, INC.

Principal Place of Business: **100 SE 2ND ST. #3600 MIAMI, FL 33131**
Mailing Address: **100 SE 2ND ST. #3600 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **3/16/94**
3a. Date of Last Report: _____
4. FEI Number: **Applied for**
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 5-125.012 Florida Statutes: Yes No

2. Principal Place of Business: **1401 Brickell Ave. Suite, Apt. #, etc. #700 Miami, FL**
2a. Mailing Address: **1401 Brickell Ave. Suite, Apt. #, etc. #700 Miami, FL**
23. City & State: **Miami, FL**
24. Zip: **33131** 25. Country: **US**
26. City & State: **Miami, FL**
27. Zip: **33131** 28. Country: **US**

9. Name and Address of Current Registered Agent:
KTA&S REGISTERED AGENT CORP. 1401 BRICKELL AVENUE #700 MIAMI, FL 33131
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: _____

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, hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: DIRECTOR	NAME: EARL GORMAN	TITLE: Change	NAME: 446 Spadina Road, #207 Toronto, Ontario M5P 3M2
STREET ADDRESS: 95 ST CLAIR AVE WEST	CITY, ST, ZIP: TORONTO, ONTARIO M4V 1A7	TITLE: _____	NAME: _____
TITLE: _____	NAME: _____	TITLE: _____	NAME: 700001480977
TITLE: _____	NAME: _____	TITLE: _____	NAME: 05/09/95=01104=003
TITLE: _____	NAME: _____	TITLE: _____	NAME: ***200.00 ***200.00
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TITLE: _____	NAME: _____	TITLE: _____	NAME: _____

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(2)(K), Florida Statutes. I do hereby 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 it were under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in a supplemental report with an address.

SIGNATURE: **EARL GORMAN, PRESIDENT**

4/17/95
4/6/95 323222