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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 02 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025361 (4)

GEL IN	ITERNATIONAL, INC.			1 INDICADA (18 INDICADA) A BANCA		
Oringinal Place	o of Business	Mailing Address			IIII JOIID 11001 DIIBD 11110 BIIGI 1161 1061	
			40.7			
4119 NORTH STATE ROAD 7 4119 NORTH STATE ROAD 7 SUITE 821			AU 7			
FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319			33319	DO NOT WRITI	E IN THIS SPACE	
	. •			3. Date Incorporated or Qualified		
				04/04/1994		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0478605	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	0	28	T Garage	Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip	Country 30	8. This corporation owes or has pa	— · — ·	
[24]	25 25 Name and Address of Curr	29 Anni Registered Agent	[30]	Personal Property Tax due June 10. Name and Address of New Re		
LA	W FIRM OF LAWRENCE J. SP		81 Nam			
343 ALMERIA AVENUE			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
CC	ORAL GABLES FL 33134		83			
			84 City		■■ 85 Zip Code	
					FL (**)	
office or agent. I a				ed corporation submits this statement for the orporation's board of directors. I hereby acce		
	Signature, typed or printed name of registered	······································		ure required when reinstating)	DATE	
12.	OFFICERS F	AND DIRECTORS DELETE	13. 1.5 TOTAE	ADDITIONS/CHANGES TO OFFI	Change X Addition	
	GARRAWAY, PETER A		1.2 NAME	MICHARL A. GARRAN		
NAME	4119 NORTH STATE ROAD	7 SHITE 821		I have at start DAT a	# 821	
STREET ADDRESS	FORT LAUDERDALE FL 33	-	1.3 STREET ADDRES	ET. LAUDERDAVE FL		
CITY-ST-ZIP TITLE	TOTT BRODERIDALE TE SON	☐ DELETE	1.4 City - St - ZiP 2.1 Title	71, 51, 51, 51, 51, 51, 51, 51, 51, 51, 5	Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRES			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		☐ DELET É	31 TillE		Change Addition	
NAME		_	3.2 NAME		• •	
STREET ADDRESS			3 3 STREET ADDRES	s		
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS	- ·		4 3 STREET ADDRES	s	i	
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRES	s		
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		☐ DELET E	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
I	1		63 STREET ADDRES	s		

14. I hereby certify that the information supplied with this Uling gloes 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 amfual 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.

1/2/198

242/393-4200