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

PROFIT CORPORATION ANNUAL REPORT

1997

は 海の東西の変が来いること

かり

10000

江海軍具教養等不知是以南京在京學了



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043225 (9)

GSR ASSOCIATES, INC.

Principal Place of Business Mailing Address 520 BRICKELL KEY DR. 520 BRICKELL KEY DR. BUITE O-305 MIAMI FL 33131 SUITE 0-305 MIAMI FL 33131-2619 3. Date incorporated or Qualified 3a. Date of Last Report 06/09/1994 07/02/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0665462 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREEMAN, STEPHEN A 520 BRICKELL KEY DR. Street Address (P.O. Box Number is Not Acceptable) **B2 SUITE 0-305** MIAMI FL 33131 83 84 City 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's gnature required when reinstating) Signature, typed or printed name of registered agent and title it approbable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) □ DELETE Assistant Secretary TITLE 1.1 TITLE Change SHIRIR, GIDEON Freeman, Stephen A. 520 Brickell Key Or. 0-305 Miami, Fl. 33131 NAME 1.2 NAME 520 BRICKELL KEY DR., STE. 305 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change TITLE DELETE 2.1 THEF NAME 2 2 NAME 1674 MERIDIANAUR (208) STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY+S1+ZIP DELETE TITLE Change Addition 311418 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - \$1 - 7(P DELFTE Change TITLE Addition 4.1 TITLE NAME 4, 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE TITLE 511111 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+SY-ZIP 5.4 C(TY - S1 - Z(P DELETE Change TITLE 6.1 TILLE Addition NAME 6.2 NAME STREET ADDRESS

6.4 O(TY - ST - Z(P)

14. I do 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 armual 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 conversion 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 in changed, or an anticohment with an address.

FILED

Apr 25 1997 8:00am

Secretary of State