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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059150 (0)

1. Corporation Name
G.I.S. TECHNOLOGY TRANSFER NETCORP, INC.

Principal Place of Business

6301 MEMORIAL HIGHWAY
SUITE 101-B
TAMPA FL 33615
US

Mailing Address

6301 MEMORIAL HIGHWAY
SUITE 101-B
TAMPA FL 33615-4573
US



2. Principal Place of Business

21 5501 East Longboat Blvd.

Suite, Apt. #, etc.

22 City & State

23 Tampa FL

24 Zip

33615

Country

25 USA

2a. Mailing Address

26 5404 East Longboat Blvd.

Suite, Apt. #, etc.

27 City & State

28 Tampa FL

Zip

33615

Country

30 USA

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

02/15/1996

4. FEI Number

59-3260823

Applied For

Not Applicable

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 s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

FATUZZO, JOSEPH A.
6301 MEMORIAL HWY
SUITE 101-B
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

Fatuzzo, Joseph A.

82 Street Address (P.O. Box Number is Not Acceptable)

5404 East Longboat Blvd.

83

84 City

Tampa

FL

85 Zip Code

33615

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

J. A. Fatuzzo

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FATUZZO, JOSEPH A.
STREET ADDRESS 5404 LONGBOAT BLVD. EAST
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☐ DELETE

NAME GUEVARA, JOSE A.
STREET ADDRESS 5404 LONGBOAT BLVD. EAST
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☒ DELETE

NAME PARRA, FRANK
STREET ADDRESS 800 MADONNA BLVD. APT. C
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V ☒ Change ☐ Addition

1.2 NAME Fatuzzo, Joseph A.
1.3 STREET ADDRESS 5404 East Longboat Blvd.
1.4 CITY-ST-ZIP Tampa FL 33615

2.1 TITLE D/C ☒ Change ☐ Addition

2.2 NAME GUEVARA, JOSE ARMANDO
2.3 STREET ADDRESS 5501 East Longboat Blvd.
2.4 CITY-ST-ZIP Tampa FL 33615

3.1 TITLE D/P ☐ Change ☒ Addition

3.2 NAME JOSE LOJO
3.3 STREET ADDRESS Ave. 4 No 20-71 Las Terrazas Apt. 10
3.4 CITY-ST-ZIP Zona 14, Guatemala

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

J. A. Fatuzzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-97 (813) 249-2731

Daytime Phone #

0066294

CR2E034 (9/96)