

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005321 (1)

1. Corporation Name

G.I.T. INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1986 N.E. 149TH ST.
MIAMI FL 33181

1986 N.E. 149TH ST.
MIAMI FL 33181

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 GIT. INTERNATIONAL Inc

26 GIT International Inc

4. FEI Number

65-616736-3

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 15530 W.Dixie Hwy.

27 15530 W.Dixie Hwy.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 North Miami Bdn Fl

28 North Mia Bdn. A.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33162

25 U.S.A

29 33162

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTHE, FREDERIC M
2600 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

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

Signature typed in parentheses (Mr.), preceded by the title (Mr.)

(Name of New Agent signature required when changing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME TIZZONE, SALVATORE
STREET ADDRESS 1986 N.E. 149 ST.
CITY-STATE-ZIP MIAMI FL 33181

11 TITLE PRESIDENT
12 NAME TIZZONE SALVATORE
13 STREET ADDRESS 15530 W DIXIE HWY
14 CITY-STATE-ZIP N. MIAMI Bdn, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/96

305-956-3636

CR2E034 (3/96)