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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90078 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000020094**

1. Corporation Name
GORILLAS INTERNATIONAL, INC.



Principal Place of Business 1 SE 3RD AVE. SUITE 960 C/O LESLIE ALL ROZENCWAIG MIAMI FL 33131	Mailing Address 1 SE 3RD AVE. SUITE 960 C/O LESLIE ALL ROZENCWAIG MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 734 2042	2a. Mailing Address 26 P.O. Box 734 2042
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Key Largo, Fla	City & State 28 Key Largo, Fla
Zip 24 33037	Country 25 USA
Country 29 USA	Zip 30 33037

3. Date Incorporated or Qualified 03/13/1995	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0602618	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ROZENCWAIG, LESLIE ALAN
1 SE 3RD AVE, SUITE 960
C/O LESLIE ALL ROZENCWAIG
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LESLIE ALAN ROZENCWAIG, FSA
82 Street Address (P.O. Box Number is Not Acceptable) 1 SE. 3RD AVE #960
83
84 City Miami
85 State FL
86 Zip Code 33131

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	HAUSMANN, FLORIAN	
STREET ADDRESS	15 E 3RD AVE STE 960	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. Box 734
1.4 CITY-ST-ZIP	Key Largo, Fla 33037
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Florian Hausmann Date: 12.01.99 Daytime Phone #: 3054515222

CR2E034 (11/98)