

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name

GMS MANAGEMENT, INC.

Principal Place of Business

7400 NW 7TH ST.
109
MIAMI FL 33126
US

Mailing Address

7400 NW 7TH
109
MIAMI FL 33126-2943
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

741

Country

Zip

Country

9. Name and Address of Current Registered Agent

WHITE, JOHN
7168 N.W. 12TH STREET
MIAMI FL 33126

81	Name
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name White John

82	Street Address (P.O. Box Number is Not Acceptable)
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Street Address (P.O. Box Number is Not Acceptable)
7400 NW 7TH ST Suite 109

83

City

Mini

FL

5	Zip Code 33126
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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 named with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

John White

4.22-97

Signature, type or print of name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

12.	PD	OFFICERS AND DIRECTORS
TITLE	ROBAYNA, GUSTAVO	<input checked="" type="checkbox"/> DELETE
NAME	7166 N.W. 12TH STREET	
STREET ADDRESS	MIAMI FL 33128	
CITY, ST, ZIP	VPD	<input type="checkbox"/> DELETE
TITLE	LIGNAROLO, MARIO	
NAME	7166 N.W. 12TH STREET	
STREET ADDRESS	MIAMI FL 33128	
CITY, ST, ZIP	STD	<input type="checkbox"/> DELETE
TITLE	WHITE, JOHN	
NAME	7166 N.W. 12TH STREET	
STREET ADDRESS	MIAMI FL 33128	
CITY, ST, ZIP		<input type="checkbox"/> DELETE
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			
1.4 CITY - ST - ZIP			
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Liguarolo, Mario		
2.3 STREET ADDRESS	7400 N.W. 7th St Suite 109		
2.4 CITY - ST - ZIP	Miami FL 33126		
3.1 TITLE	ST ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	White John		
3.3 STREET ADDRESS	7400 N.W. 7th St Suite 109		
3.4 CITY - ST - ZIP	Miami FL 33126		
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 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, on an address other than an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John

Date _____

Daytime Phone: #

0186481

CR2E034 (9/96)