

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**



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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # P95000021982 (0)**

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 33126-2043  
US**

3. Date Incorporated or Qualified **03/15/1995** 3a. Date of Last Report **04/30/1996**

4. FEI Number **65-0574328** 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

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WHITE, JOHN  
7166 N.W. 12TH STREET  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name **White John**

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

83

84 City **Miami** FL 85 Zip Code **33126**

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]* **John White** DATE **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBAYNA, GUSTAVO</b>		1.2 NAME
STREET ADDRESS <b>7166 N.W. 12TH STREET</b>		1.3 STREET ADDRESS
CITY, ST, ZIP <b>MIAMI FL 33126</b>		1.4 CITY-ST-ZIP
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LIGNAROLO, MARIO</b>		2.2 NAME <b>Lignarolo, Mario</b>
STREET ADDRESS <b>7166 N.W. 12TH STREET</b>		2.3 STREET ADDRESS <b>7400 NW 7th St Suite 109</b>
CITY, ST, ZIP <b>MIAMI FL 33126</b>		2.4 CITY-ST-ZIP <b>MIAMI FL 33126</b>
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITE, JOHN</b>		3.2 NAME <b>White John</b>
STREET ADDRESS <b>7166 N.W. 12TH STREET</b>		3.3 STREET ADDRESS <b>7400 N.W. 7th St Suite 109</b>
CITY, ST, ZIP <b>MIAMI FL 33126</b>		3.4 CITY-ST-ZIP <b>MIAMI FL 33126</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY, ST, ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY, ST, ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY, ST, ZIP		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 all change form an address.

SIGNATURE: *[Signature]* **John White Sr** DATE **4-22-97**

CR2E034 (9/96)