SECOND NOTICE: CORPORATION WILL BE DISSULVED 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**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	59 DIVISION OF C	ORFORATIONS		
DOCUMENT # P95000032254 (1)					
G.N.G. INTERNATIONAL, INC .					
				1 1 1 6 11 6 4 11 6 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	NA 10:00
Principal Place of Business Mailing Address					
2029 NW 58TH TERRACE 2029 NA		2029 NW 58TH TERRACE	:		
LAUDERHILL	FL 33313	LAUDERHILL FL 33313	-		
				3. Date Incorporated or Qualified 04/21/1995	3a. Date of Last Report
	lace of Business NW. 3757.	2a. Mailing Address	3757	4. FEI Number 65 05 7 7 6 2 3	Applied For
21 3 4 // Suite, Apt.		26 74 // NV Suite, Apt #, etc.	3/2/		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	ريان جي م	6. Election Campaign Financing	\$5.00 May Be
23 LA U	DERHILL FLA Country	28 LAU DERH	Country	Trust Fund Contribution	Added to Fees
24 333			30 V 5 A	8. This corporation has liability for in Florida Statutes	Yes No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
GAGNON, NELSON B1 Name NELSON GAGNON					
20	29 NW 58TH TERRACE		82 Street Addre	ss (P.O. Box Number is Not Acceptab	(e)
LAUDERHILL FL 33313 7471 VW 3757					
			84 City	DERHILL	FL 85 Zip Code 3 3 3 3 / 9
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above paged corporation submits this statement for the purvisor of changing its projections.					
office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE NEUSON GAGNON PRESIDENT Signature typed on protect name of equivaried agent and the in applicable (NOTE Big distribution agent agent according to the protect name of equivaried agent and the in applicable (NOTE Big distribution agent according to the protect name of equivaried agent and the inapplicable (NOTE Big distribution agent according to the protect name of equivaried agent agent according to the protect name of equivaried agent agent according to the protect name of equivaried agent agent according to the protect name of equivaried agent agent agent according to the protect name of equivaried agent					
12.	Signative Typed or printed name of registered agent OFFICERS AND		. Registers/Agen/signature require	ADDITIONS/CHANGES TO OFFIC	CBS AND DIRECTORS IN 12
TITLE	D	DELETE	11 TIFLE	ABBITIONS/GITAINGES TO CITTLE	Change Addition
NAME	Gagnon, Nelson		1.2 NAME		
STREET ADDRESS	2029 NW 58TH TERRACE		1 3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY - ST - ZIP		
TITLE	D OACHE OUR	DELFTE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	Gagne, Guy 4880 SW 26 ST.		2 2 NAME		
CITY - ST - ZIP	PEMBROKE PINES FL 33023		2 3 STREET ADORESS 2 4 City - St - ZiP		
TITLE	TEMBLIONE TINES TE 30020	DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		· ·
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-2IP			3 4 CITY-ST-ZIP		
TITLE		DELETE	4171116		Change Addition
NAME STREET ADDRESS			4 2 NAME		
CITY-ST-ZIP			4 3 STREET ADORESS 4 4 CHY-ST-ZIF		
TITLE	— · · · · · · · · · · · · · · · · · · ·	DELETE	51 TITLE		Change Addition
NAME		·	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	617111.6		Change Addition
NAME OTDEET ADDOCCO			6 2 NAME		
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS		
14. I do heret	by certify that the information supplied	with this filing is voluntarily fun	■ 640IY-SI-ZIP nished and does not qualif	y for the exemption stated in Section 1	19 07(3)(k) Florida Statutes I
rurmer ce	rtify that the information indicated on t	n s annual report or supplemer	otal annual report is true ar	id accurate and that my signature sha	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 Blook 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8/5/96 954 484 639/