

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 23 1996 8:00 am
Secretary of State

DOCUMENT # P95000040823 (3)

1. Corporation Name
G.I.C.3.U., INC.



Principal Place of Business

**760 NORTHWEST 107TH AVENUE
SUITE 100
MIAMI FL 33172**

Mailing Address

**760 NORTHWEST 107TH AVENUE
SUITE 100
MIAMI FL 33172**

3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FCI Number
65-0586801

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOTTLIEB, FREDERIC I ESQ.
551 N.W. 77TH STREET
SUITE 211
BOCA RATON FL 33487**

81 Name

82 Street Address (P.O. Box Numbers 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 of the registered agent must be typed or printed.

Signature of the agent must be typed or printed.

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P NUDEL, JACOB DR.**
STREET ADDRESS **760 NORTHWEST 107TH AVENUE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME **T RICE, THOMAS J DR.**
STREET ADDRESS **760 NORTHWEST 107TH AVENUE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ DELETE
NAME **S SCHWARTZ, HOWARD I DR.**
STREET ADDRESS **760 NORTHWEST 107TH AVENUE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-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 in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Lee

5/15/96 305-595-7040

CR2E034 (12/95)