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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046189 1. Corporation Name

GASTONE, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90071 003 ***150.00



Principal Place of Business Mailing Address							4 4 } 4	
1581 BRICKEL AVE.		1581 BRICKEL AVE.	1581 BRICKEL AVE.					
SUITE 102		SUITE 102				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33129 MIAMI FL 33129				3. Date Incorporated or Qualified				
					06/14/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Appli	ied For	
21		26			65-0588004	Not /	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***		5. Certifcate of Status Desired	□ \$8.75 Ad		
22		27			5. Cermone of Cianos Desired	Fee Requ	uired	
- City & State	9	City & State			=6=Election Campaign Financing	 \$5:00 ⁻ м	•	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country Zip		Country		8. This corporation owes the curre		JNo	
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New R		-140	
	9. Name and Address of Curre	nt Registered Agent	81	Name _	10. Name and Address of New N	egistered Agent		
SALL	JSSOLIA, ROSARIO			l 64		ARIO		
1581 BRICKEL AVE.			82	Street Addre	ess (P.O. Box Number is Not Accepta	Ele à to DHO	ကည် 📗	
SUITE 102			83	120	DOCES	- (
	/II FL 33129			``			<u>. </u>	
			84	City Q O'	uli	FL 85 Zip Co	2.9	
14 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	the above	e-named corpo	pration submits this statement for the	purpose of changing its re	egistered	
office or r	egistered agent, or both, in the State	e of Florida. Such change was auth	iorizea by	tne corporatio	n's board of directors. I hereby accep	t the appointment as regis	stered	
	and accept the oblig	allons of, Section 607.0505, Fiolia	i V	` ``. '		u/5/98		
SIGNATURE	Signature, typed or plinted name of registered ag	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature required		DI E		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	D	_ DELETE	1.1 TITLE			Change	Addition	
NAME	BURASCHI, LUIGI		1.2 NAME	Ę				
STREET ADDRESS	1581 BRICKEL AVE.		1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP				Addition	
TITLE	P	☐ DELETE	2.1 TITLE			Change	☐ Addition {	
NAME	GATTINONI, ROSARIO F		2.2 NAME					
STREET ADDRESS	1581 BRICKEL AVE.		2.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33129	[Delete	2.4 CITY-5	ST-ZIP	and the second of the second o	- Change	Addition	
TITLE		DELETE 2	3.1 TΠLE					
NAME	1 (1999)		3.2 NAME		•			
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY+S 4.1 TITLE	ST-ZIP		Change	Addition	
TITLE		. DELETE	4.1 TILE 4. 2 NAME			onlings		
NAME								
STREET ADDRESS				TADORESS			1	
CITY-ST-ZIP TITLE		☐ DELEȚE	4.4 CITY-S 5.1 TITLE	DI-ZIP		☐ Change	Addition	
		الم المدارد	5.2 NAME				-	
NAME PEDEET ADDRESS		•		TADORESS		•		
STREET ADDRESS		·-		i				
	}		5.4 CITY-S	ST-ZIP				
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	ST-ZIP		☐ Change	Addition	
TITLE NAME		DELETE		ST-ZIP		☐ Change	Addition	

14. I 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, or on an attachment with an address, with all other like empowered.

6,4 CITY-ST-ZIP

SIGNATURE: