

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 29 1997 8:00am  
Secretary of State

DOCUMENT # P95000059768 (8)

1. Corporation Name  
GSD INTERNATIONAL CORP.



Principal Place of Business

2809 BIRD RD  
SUITE 145  
COCONUT GROVE FL 33133

Mailing Address

2809 BIRD RD  
SUITE 145  
COCONUT GROVE FL 33133-4668

3. Date Incorporated or Qualified  
08/01/1995

3a. Date of Last Report  
11/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
65-0599741

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

CARRILLO, CARMEN  
2809 BIRD RD  
SUITE 145  
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name **HERNANDO CARRILLO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2809 BIRD AVE # 145**  
83  
84 City **MIAMI** FL 85 Zip Code **33133**

11. Pursuant to the provisions of Sections 607.0507 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]*

**HERNANDO CARRILLO**

**1/25/97**

Signature of person named name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **CARRILLO, CARMEN**  
STREET ADDRESS **2809 BIRD RD SUITE 145**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ DELETE  
NAME **CARRILLO, SHERRY**  
STREET ADDRESS **2809 BIRD AVE.**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE  
NAME **CARRILLO, HERNANDO**  
STREET ADDRESS **2809 BIRD AVE.**  
CITY-ST-ZIP **MIAMI FL 33133**

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**HERNANDO CARRILLO**  
**1/25/97**

CR2E034 (9/96)