FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

96 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000061872 (4)**

1. Corporation Name

G WIZZ INTERNATIONAL TECHNOLOGIES, INC.
~~WIZZ~~
PLEASE CORRECT YOUR RECORDS

Principal Place of Business	Mailing Address
100 S.E. SECOND STREET 17TH FLOOR MIAMI FL 33131-1101	100 S.E. SECOND STREET 17TH FLOOR MIAMI FL 33131-1101

3. Date Incorporated or Qualified: 08/10/1995
3a. Date of Last Report:

4. FEI Number: 65-0607307 ☐ 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
21 701 Brickell Avenue	26 701 Brickell Avenue
22 Suite, Apt. #, etc. Suite 1600	27 Suite, Apt. #, etc. Suite 1600
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33131 25 Country: U.S.A.	29 Zip: 33131 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

WARNER, JONATHAN H
~~100 S.E. SECOND STREET~~
~~17TH FLOOR~~
~~MIAMI FL 33131-1101~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue
83 Suite 1600
84 City: Miami FL 85 Zip Code: 33131-2827

11. Pursuant to the provisions of Sections 607.0502 and 607.1528, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President/Director	☐ DELETE
NAME	Thomas G. Abraham	
STREET ADDRESS	6600 S.W. 57th Avenue	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Secretary/Treasurer	☐ DELETE
NAME	Susan Abraham	
STREET ADDRESS	6600 S.W. 57th Avenue	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

000000181478O
-05/03/96--01059--011
****200.00 ☐ ****200.00

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

JH 5/7

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (12/95)

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)(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 added, above with an address.

SIGNATURE: _____ 305-666-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas G. Abraham