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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000064691 (5)

GANZA, INC.

Principal Place of Business	Mailing Address
1000 BISCAYNE BLVD. MIAMI FL 33132	1000 BISCAYNE BLVD. MIAMI FL 33132-1702

FILED Feb 13 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 08/21/1995	3a, Date of Last 04/26/1996	ate of Last Report 26/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number		Applied For		
21		26			65-0603087		Not Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			:	Certificate of Status Desired S8.75 Additional Fee Required				
City & State	C	City & State			6. Election Campaign Financing	\$5.0	O May Be		
23		28			Trust Fund Contribution		d to Fees		
Zip	Country	Zip	L Co	untry	8. This corporation has liability for	_ ~/	s. 199.032,		
24	25	29	30		Florida Statutes Yes You				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	RAGANZA, NOEL			81 Name					
	of N.W. Fourth Street			82 Street Address (P.O. Box Number is Not Acceptable)					
PLAI	NTATION FL 33325			OF CONTROL OF THE CON					
				63					
				84 City		FL 85 Zij	ρ Code		
44 Diversional	to the eray cions of Continue 607.06	02 and 607 1509 Florida Sta	tutos tho	how named	corporation submits this statement for the		ite registered		
office or a	to the provisions of Sections 607.00 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such change wa	ss authoriza	ad by the corr	corporation's board of directors. I hereby acce	pt the appointment a	as registered		
SIGNATURE	Signature typed or pricled name of registered a	gent and tite it applicable (N	VOTE: Register	ed Agent signature	required when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TOTLE	PSD	☐ DELETE	1.1	TITLE		Change	e [_] Addition		
NAME	DEBRAGANZA, NOEL	ATOPPT	121	NAME					
STREET ADORESS	12101 NORTHWEST FOURTH	SINCE	1.3 9	STREET ADDRESS					
CITY-ST-ZIF			1.4 (CITY - ST - ZIP					
TATLE	V	☐ DELETE	2.1	TITLE	·	Change	e 🔲 Addition		
NAME	DEBRAGANZA, IVAN		2.21	NAME					
STREET ADDRESS	12101 NW 4TH ST.		2.3	STREET ADDRESS					
CITY-ST-ZIF	PLANTATION FL 33325		2. 4	CITY-ST-ZIP					
TATLE		DELETE	3.1 3	TITLE		Change	e Addition		
NAME			3.21	NAME					
STREET ADDRESS			3.3 9	STREET ADDRESS					
CITY-ST-ZIP		_	3.4.	CITY-\$T-ZIP					
THLE		DELETE	4.1	TITLE		Change	e 🔲 Addition		
NAME			4. 2	NAME :					
STREET ADDRESS			4.3	STREET ADDRESS					
CITY - ST - ZIP			4.4 (CITY-ST-ZIP					
TOTLE		DELETE	5.1	TITLE		Change	e Addition		
NAME			5.2	NAME -					
STREET ADDRESS			5.3	STREET ADDRESS					
C-TY - ST - ZIP				CITY-ST-ZIP					
TITLE		☐ DELETE	6.1	TETLE		Change	e 🔲 Addition		
NAME			6.2	NAME					
STREET ADDRESS	}		6.3	STREET ADDRESS			ļ		
C TY - ST - ZIP			6.4	CITY-ST-ZIP					
	by certify that the information suppli	ed with this filing does not gu			tated in Section 119.07(3)(i), Florida Statut	es. I further certify th	at 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: NOEL DEBENGANDER (PRESTORIO