


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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000067086 (5)**

1. Corporation Name

GESPI INTERNATIONAL CORPORATION

Principal Place of Business

9225 SW 141ST PLACE
MIAMI FL 33186

Mailing Address

9225 SW 141ST PLACE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1995

4. FEI Number

65-0604839

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 **13923 SW 93 Lane**

2a. Mailing Address

26 **13923 SW 93 Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Miami, FL**

27 City & State

28 **Miami, FL**

24 Zip

33186

25 Country

USA

29 Zip

33186

30 Country

USA

9. Name and Address of Current Registered Agent

DE SOUZA, BENEDICTO C JR
9225 SW 141ST PLACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

Benedicto C. De Souza, Jr

82 Street Address (P.O. Box Number is Not Acceptable)

83

13923 SW 93 Lane

84 City

Miami, FL

FL

85 Zip Code

33186

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SCARPARO, JOAO BATISTA M**
STREET ADDRESS **9225 SW 141ST PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ DELETE

NAME **PICOLINI, CARLOS A**
STREET ADDRESS **9225 SW 141ST PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Scarpato, Joao Bat ☒ Change ☐ Addition

1.2 NAME

13923 SW 93 Lane

1.3 STREET ADDRESS

Miami, FL 33186

1.4 CITY-ST-ZIP

2.1 TITLE

Picolini, Carlos A. ☒ Change ☐ Addition

2.2 NAME

13918 SW 90 terrace

2.3 STREET ADDRESS

Miami, FL 33186

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Benedicto C. De Souza Jr** **01/09/98** **(205) 436-0595**

CR2E034 (10/97)