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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

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24

Ζip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074273 (0)

GDZ INVESTMENT ADVISORS, INC.

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343 ALMERIA AVENUE

CORAL GABLES FL 33134

Principal Place of Business Mailing Address 4121 LAGUNA STREET 4121 LAGUNA STREET CORAL GABLES FL 33148-1408 **CORAL GABLES FL 33146**

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

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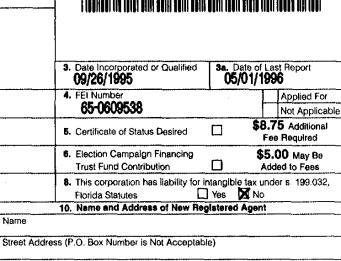
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9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD

FILED May 02 1997 8:00am Secretary of State



Zip Code

FI 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.

Country

81 Name

82

83

City 84

30

SIGNATURE					
Segmature: type of or printed name; of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	GES TO OFFICERS AND DIRECTORS IN 12	
THTLE	PSTD DELETE	1.1 TIFLE		Change Addition	
NAME	ZARRAGA, GASTON DE	1.2 NAME			
STREET ADDRESS	4121 LAGUNA STREET	1.3 STREET ADDRESS			
CHY: \$1 ZIP	CORAL GABLES FL 33148	1.4 CITY - ST - ZIP			
TITLE	DELETE	2.1 TITLE		Change Addition	
NAME		2 2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2. 4 CITY - ST - ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change Addition	
MME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	·		
CITY - SY - ZIP		3.4. CITY-ST-ZIP	170		
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY -ST - 7:P		4.4 City-St-ZiP			
TITLE	☐ DELETE	5 1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	•		
CrTY+S1+7IP		5.4 CITY - ST - ZIP			
TITLE	DELEYE	6.1 TITLE		Change Addition	
NAME		6.2 NAME		•	
STREET ADDRESS		6.3 STREET ADDRESS	-		
CHTY-ST-20/		6.4 Crity - 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:

D OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

0203662