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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000001458 (4)

1. Corporation Name
G.I.C. GROUP CORP.

Principal Place of Business
4004 AURORA ST STE A
CORAL GABLES FL 33146

Mailing Address
4004 AURORA ST STE A
CORAL GABLES FL 33146-1414



3. Date Incorporated or Qualified 01/05/1996
3a. Date of Last Report

2. Principal Place of Business 21 4900 No. Ocean Blvd. Suite, Apt. #, etc. 1710 22 City & State Ft. Lauderdale, Fl. 23 Zip 33308 Country U.S.A.	2a. Mailing Address 26 4900 No. Ocean Blvd. Suite, Apt. #, etc. 1710 27 City & State Ft. Lauderdale, Fl. 28 Zip 33308 Country U.S.A.	4. FEI Number 05-0430235 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DURAN, ANGEL G 4004 AURORA ST STE A CORAL GABLES FL 33146	10. Name and Address of New Registered Agent 81 Name Fabian La Rotta 82 Street Address (P.O. Box Number is Not Applicable) 4900 No. Ocean Blvd 83 #1710 84 City Ft. Lauderdale FL 85 Zip Code 33308
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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 (NOTE: Registered Agent signature required when reinstating) DATE 2/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	DT.
NAME	DURAN, ANGEL G	1.2 NAME	Fabian La Rotta
STREET ADDRESS	9745 SW 145 ST	1.3 STREET ADDRESS	412 4th Lane
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Green Acres, Fl. 33463
TITLE	SD	2.1 TITLE	
NAME	INFANTE, NUBIA P	2.2 NAME	
STREET ADDRESS	4900 N OCEAN DR APT 1710	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 DATE 2/17/97

CR2E034 (9/96)