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PROFIT
CORPORATION
ANNUAL REPORT



a

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of Size
DIVISION OF COMPORATIONS

1997

Principal Place of Business

DOCUMENT # P9600009286 (1)

G.D.P. USA CORPORATION

4546 SW 142 PLACE 4546 SW 142 PLACE MIAMI FL 33175 MIAMI FL 33175-4335 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0719804 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAW FIRM OF MANFRED ROSENOW PA Name 2425 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 84 City Zip Code 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 Styrialize Hyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)12 DELETE 1.1 TITLE Change Addition P. SANCHEZ RAQUEL THE SGANGA, PIERO 1.2 NAME 4546 S.W. 142 PLACE NAME 4546 SW 142 PLACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 MIAM FL 33175 CITY - \$1 - 7/P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VID SGANGA PIERO VIVAS, DORIAN NAME 2.2 NAME 4546 S.W. 142 PLACE 4546 SW 142 PLACE 2.3 STREET ADORESS STREET ADDRESS MIAMI FL 33/75 MIAMI FL 33175 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 101.6 3.1 TITLE T/O. VIVAS PORIAN SANCHEZ, RAQUEL NAME 3.2 NAME 4546 S.W. 142 PLACE 4548 SW 142 PLACE 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 MIAMI FL 33175 CITY-ST-7IP 34. CITY-ST-ZIP DELETE **✓** Addition 4.1 TITLE TITLE S. ALMOHTADI GIOVANNA 4 2 NAME NAME 4546 S. W. 142 PLACE 4.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE Tille 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 corperation of 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.