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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

GIFAMA, INC.

NATURE:

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FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90143 004 ***150.00

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Principal Pl	ace of Business	Mailing Address					
1346 TAMPA ROAD UNIT 302 1346 TAMPA ROAD UNIT 302 PALM HARBOR FL 34683 PALM HARBOR FL 34683				,	7) 	#1	
					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualified		
Ргілсіраl	Place of Business	2a. Mailing Address			04/12/1996		
		26			4. FEI Number	E	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			59-3378857		Not Applicable
City & State				5. Certifcate of Status Desired		\$8.75 Additional	
City & Sta	ale	City & State			6. Election Campaign Financing		e Required
Zip	Country	28		_	Trust Fund Contribution		00 May Be
,	25	Zip	Count	try	8. This corporation owes the curren	Adi	ded to Fees
	9. Name and Address of Curren	29	30		Personal Property Tax.	X Yes	□No
		it Kegistered Agent	8		10. Name and Address of New Re	gistered Agent	
MAI	NNINO, LISA		°	11 Name			-
134	6 TMPA RD, UNIT 302		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	e).	
PAL	M HARBOR FL 34683		8:				
			0.	3			
			84			85 2	ip Code
Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	atutes the abov	Ve-pamod ee-	poration submits this statement for the pu		
agent. I a	m familiar with, and accept the obligati	of Florida. Such change wa	s authorized by	y the corporation	poration submits this statement for the pu on's board of directors. I hereby accept to	rpose of changing	its registered
						no abbounding as	registered
VATURE			. Jonaa Glatates	S.	-		_
NATURE	Signature, typed or printed name of registered agent	and title if applicable. (No					-
NATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (No	OTE: Registered Age		d when reinstating)	DATE	
NATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (No	OTE: Registered Age			DATE ERS AND DIREC	TORS IN 12
NATURE	Signature, typed or printed name of registered agent OFFICERS AND PD MANNINO, RENATO	and title if applicable. (No	OTE: Registered Age		d when reinstating)	DATE	TORS IN 12
NATURE TADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD MANNINO, RENATO 1346 TAMPA ROAD UNIT 302	and title if applicable. (No	OTE: Registered Age 13. 1.1 TITLE 1.2 NAME		d when reinstating)	DATE ERS AND DIREC	TORS IN 12
NATURE TADDRESS	OFFICERS AND PD MANNINO, RENATO 1346 TAMPA ROAD UNIT 302 PALM HARBOR FL 34683	and title if applicable. (No DIRECTORS	OTE: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating)	DATE ERS AND DIREC	TORS IN 12
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