SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P96000049214 (5)

GISELLE INVESTMENTS, INC.

CITY-ST-Z#

Principal Place of Business 6771 SW 4 ST 6771 SW 4 ST MIAM! FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0693820 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes No Zip Country Country 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOETT, ADRIAN 6771 SW 4 ST 82 Street Address (P.O. Box Number is Not Acceptable) --83 MIAMI FL 33131 84 City Zip Code 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) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE _ DELETE Change Addition PUIGNAN, MAYRA NAME 1.2 NAME 6771 SW 4 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition **GOETT, ADRIAN** NAME 2.2 NAME 6771 SW 4 ST 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 7 ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE ___ Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITI F 6.1 TITLE DELETE ____ Addition NAME 6.2 NAME STREET ADDRESS **8.3 STREET ADDRESS**

14. I 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 conversation or the reference 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.

FILED

Sep 30 1998 8:00am

Secretary of State