


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

FILED
May 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000066863. (7)
1. Corporation Name
GIOPAE, INC.



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| Principal Place of Business 15570 S.W. 157TH STREET MIAMI FL 33187 | Mailing Address 15570 S.W. 157TH STREET MIAMI FL 33187-0906 |
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|---|--|--|--|--|--------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 08/08/1996 | 3a. Date of Last Report |
| 21 1139 North Krome Ave | | 26 1139 North Krome Ave | | 4. FEI Number 65-0695026 | Applied For Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | | 28 Homestead, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | | 29 33030 Dade | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent KADE, PAUL M ESQ. 9100 S. DADELAND BOULEVARD SUITE 400 MIAMI FL 33156 | | | | 10. Name and Address of New Registered Agent 81 Name AERI PAE 82 Street Address (P.O. Box Number is Not Acceptable) 83 1139 North Krome Ave 84 City Homestead FL 85 Zip Code 33030 | |
|---|--|--|--|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Aeri Pae* 5-1-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| | | | | | | | |
|----------------------------|---|----------------|-------------------------|---|--|-----------------|---|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | NAME | LAVIGNE, GIOVANNI | 1.1 TITLE | | 1.2 NAME | |
| STREET ADDRESS | | STREET ADDRESS | 15570 S.W. 157TH STREET | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | CITY-ST-ZIP | MIAMI FL 33187 | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME | D PAE, AERI |
| TITLE | D | NAME | PAE, AERI | 2.3 STREET ADDRESS | | 2.4 CITY-ST-ZIP | 1139 North Krome Ave Homestead, FL 33030 |
| STREET ADDRESS | | STREET ADDRESS | 15570 S.W. 157TH STREET | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME | |
| CITY-ST-ZIP | | CITY-ST-ZIP | MIAMI FL 33187 | 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| TITLE | | NAME | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME | |
| STREET ADDRESS | | STREET ADDRESS | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME | |
| TITLE | | NAME | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | 6.3 STREET ADDRESS | | 6.4 CITY-ST-ZIP | |
| TITLE | | NAME | | 400002201554 -06/04/97--01069--018 ***173.75 | | | |

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: *Aeri Pae* 5-1-97 305 247 8400

CR2E034 (9/96)