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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067203 (5)

GIANF-WORLD, INC.

FILED
Jun 03 1997 8:00am
Secretary of State

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						BEILE BILL IBBIE BEILE BEILE HE HE	
Principal Place of Business C/O JOCELYN FERRADAS 8370 SW 36TH STREET MIAMI PL 33155		Mailing Address					
		C/O JOCELYN FERRADAS 8370 SW 38TH STREET MIAMI FL 33155-3308					
		_			3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report	
<u> </u>	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			65-069428	Not Applicable	
Suite, Apt. #, etc.		<u>├</u> ─┐ '	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & Stat	6	-	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	Zip	Coun	itri	Trust Fund Contribution	☐ Added to Fees	
-10	25		30	itiy	8. This corporation has liability for in	ntangible tax under s. 199,032, Lyes - D.No	
24	g, Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New Reg		
	LDON EVANS, P.A.			B1 Name	10. Name and Addition of the first	gisterou Agent	
6175 NW 153RD STREET SUITE 215				B2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	MI LAKES FL 33014		<u> </u>	83			
inica	MI DAREO I E SOUTY						
, i			[64 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	os, the ab	ove-named co	rporation submits this statement for the pration's board of directors. I hereby accep		
office of r agent. La	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a pations of, Section 607.0505. Flo	authorized orida Statu	by the corporates.	ation's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered ag	ent and trife if approable. (NOTE ID DIRECTORS	Hagistered	Agent signature requ	Lired when reinstating)	DATE CTOPS IN 42	
TITLE	PSTD	DELETE	1.1 1111	t .	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	FERRADAS, JOCELYN		1.2 NAN			change Addition	
STREET ADDRESS	C/O 8370 S.W. 38TH STREET		1	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		ı				
TITLE		DELETE	2.1 TITE	r - ST - ZIP		Change Addition	
NAME		La bearte	2.2 NAN				
STREET ADDRESS			•	EET ADDRESS			
City-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	3.1 TITL			Change Addition	
NAME			3.2 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 101			Change Addition	
NAME		-	4. 2 NAI			_ ,	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				(-S1-ZIP			
TITLE		DELETE	5.1 TITE			Change Addition	
NAME			5.2 NAN			_ , _	
STREET ADDRESS				EET ADDRESS	•		
CITY-ST-ZIP				'-ST-7IP			
TITLE	***************************************	DELETE	6.1 THE			☐ Change ☐ Addition	
NAME			62 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
G11 G1 G	L		0.9 0(1)				

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 my disternmental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 14 if changed, on an attacknown with an address