

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Reinstatement - 97

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 AM 10:20

He 10/29

DOCUMENT # P96000078640 (5)

1. Corporation Name
GMG INVESTMENTS, INC.

Principal Place of Business
POST OFFICE BOX 832351
MIAMI FL 33283-2351

Mailing Address
POST OFFICE BOX 832351
MIAMI FL 33283-2351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
4. FEI Number 65-06 99 270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

DEL PINO, ROGELIO A ESQ.
1835 WEST FLAGLER STREET STE 201
MIAMI FL 33135

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. 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 George Ghattas President 10-22-97
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	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	NAME	2.2 NAME	
	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	NAME	3.2 NAME	
	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	NAME	4.2 NAME	
	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	NAME	5.2 NAME	
	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	NAME	6.2 NAME	
	NAME	6.3 STREET ADDRESS	
	NAME	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 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:

SIGNATURE IN BLOCK 13 REQUIRED 10-13-97

CR2E034 (4/97)