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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State • DIVISION OF CORPORATIONS

## DOCUMENT # P96000080098 (2)

GSPC E  Principal Plac  407 LINCOLN 6  SUITE 10F  MIAMI BEACH	e of Business	Mailing Address 407 LINCOLN ROAD SUITE 10F MIAMI BEACH FL 33139-30	16		
MIRMI DEAVIT	LF 00102	MIRMI DENOTITE 9313353U	·iv	3. Date Incorporated or Qualified 3 09/25/1996	Ba. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65 - 0703778	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7 ip	Country 30		es 🗌 No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New Regis	tered Agent
HKE&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DRIVE SUITE 600			82 Street Ag	àiulio R. Santoro Idress (P.O. Box Number is Not Acceptable) 107 Lincoln Rd, Suite	= 10-5=
	MI FL 33133		83 84 City	Miami Brach	FL 85 Zip Code 33139
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Social as 607,0502 egistered ego it, or both in the State c m familiar with and account the obligat	and 607.1508, Florida Statute of Florida Such change was alicins of, Soction 607.0505, Floridated Japanicable (NOII	s, the above-named cuthorized by the corporida Statutes.  NYORO N	orporation submits this statement for the purp ration's board of directors. I hereby accept the	ose of changing its registered le appointment as registered
	Signature, typed or printed name of registered agent	and the Lappicable (NOTI	: Registered Agent signature re	quired when reinstating) (	¥(1E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D CANTODO CIUILO	☐ DELETE	1.1 TOTALE	PS	Change  Addition
NAME	SANTORO, GIULIO 407 LINCOLN ROAD SUITE 10F	•	1.2 NAME (	hillio santoro. 407 Lincoln Road s	DITE IN-F
STREET ADDRESS	MIAMI BEACH FL 33139		13 STREET ADDRESS	90+ LINCOLN ROTE	~ .~ . —
CITY-ST-ZIP TITLE	D	DELETE	14 City-ST-ZIP 21 TITLE	MIAMI BEACH, FW	CIDA 33137
NAME	COLE, PAMELA W		2.2 NAME		C Onlarige C Macrison
STREET ADDRESS	407 LINCOLN ROAD SUITE 10F	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY - S1 - 2IP		
TITLE		DELETE	3.1 TULE		Change Addition
NAME		<del></del>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELE1E	4.1 TITLE		Change Addition
NAME			4. 2 NAME	i	•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
AUTO OT THE			5 4 5 11 11 21 21 21 5		

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 tampful 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 this tamporation 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 thinged, or of an attachment with an address.