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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600085300 (7)

GAMAT	EC INTERNATIONAL, INC.				HALA ANGA 1914 ANGA 1819 MAN
Principal Plac	e of Business	Mailing Address		1 1991 990 110 19110 01/31 00111 0011/4 60111 0016	DEVEN ERVOE HINN BEIN EGIN HEEL
10500 SOUTHWEST 160 COURT 10500 SOUTHWEST 160 CO MIAMI FL 33196 MIAMI FL 33196			COURT	DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				10/15/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0702030	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		1901	10. Name and Address of New Register	
AMERILAWYER CHARTERED 81				1100	
343 ALMERIA AVENUE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	·
	RAL GABLES FL 33134		02 00000 700	100 SW 1604 C	T.
1		1	83		
			84 City	Viami F	85 Zip Code
11. Pursuant to the provisions of Sections 697.0508 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, State change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with and accept the obligations of Section 607.0595 Florida statutes.					
SIGNATURE A		Kaul ().	KUIZ		14-08-98
SIGNATURE	Signature in product of the of registered ag	ent and title it applicable (NOT	E: Registered Agent signature requir	red when reinstating) DAT	£ 700 70
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	RUIZ, RAUL Ó	.	1.2 NAME		
STREET ADDRESS	10500 SOUTHWEST 160 CO	UKI	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE NAME			2.2 NAME		C cliarge C Modition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		-	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		i
STREET ADDRESS			5.3 STREET ADDRESS		!
CITY+ST-ZIP		/-1 2-/	5.4 CITY - ST - ZIP		
TITLE	1	DELETE	6.1 TITLE		Change Addition
NAME	1.		6.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filling 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 director of the corporation or the recovery or the transport of the corporation or the recovery or this table employees 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 electrometric with an address.

CICNIATURE.

11.10 Q

705 755 -0047

FILED

Apr 15 1998 8:00am

Secretary of State