


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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000100153 (1)**  
 1. Corporation Name  
**G/4 INTERNATIONAL CORP.**

Principal Place of Business <b>8477 S.W. 158TH COURT                  MIAMI FL 33183</b>	Mailing Address <b>8477 S.W. 158TH COURT                  MIAMI FL 33183-5219</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/10/1996</b>	3a. Date of Last Report
21 <b>1543 N.W. 79TH AV.</b>	26 <b>1543 N.W. 79TH AV.</b>	4. FEI Number <b>593272582</b>		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>MIAMI, FL</b>	28 <b>MIAMI, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>33126</b>	25 <b>U.S.A.</b>	29 <b>33126</b>	30 <b>U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PRATS, GABRIEL                  151 MAJORCA AVE.                  SUITE C                  CORAL GABLES FL 33134</b>				81 Name	<b>SAME</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREIRA, ADRIANA M		1.2 NAME	PEREIRA, ADRIANA M			
STREET ADDRESS	8477 S.W. 158TH COURT		1.3 STREET ADDRESS	1543 N.W. 79TH AV			
CITY - ST - ZIP	MIAMI FL 33183		1.4 CITY - ST - ZIP	MIAMI, FL 33126			
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPOS, GILBERTO M		2.2 NAME	CAMPOS, GILBERTO M			
STREET ADDRESS	8477 S.W. 158TH COURT		2.3 STREET ADDRESS	1543 N.W. 79TH AV.			
CITY - ST - ZIP	MIAMI FL 33183		2.4 CITY - ST - ZIP	MIAMI, FL 33126			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPOS, IVETE S		3.2 NAME	CAMPOS, IVETE S			
STREET ADDRESS	8477 S.W. 158TH COURT		3.3 STREET ADDRESS	1543 N.W. 79TH AV.			
CITY - ST - ZIP	MIAMI FL 33183		3.4 CITY - ST - ZIP	MIAMI, FL 33126			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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:** *Deas D. Zanalla* **04/21/97** **(305) 591-2255**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004944

CR2E034 (9/96)