

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100153 (1)
1. Corporation Name
G/4 INTERNATIONAL CORP.



Principal Place of Business 1543 N.W. 79TH AVE. MIAMI FL 33126 US	Mailing Address 1543 N.W. 79TH AVE. MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

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
25	30

3. Date Incorporated or Qualified 12/10/1996	
4. FEI Number 59-3272582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRATS, GABRIEL
151 MAJORCA AVE.
SUITE C
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **OSCAR A. TANAKA**
82 Street Address (P.O. Box Number is Not Acceptable) **1543 N.W. 79TH AV**
83
84 City **MIAMI** **85 Zip Code** **FL 33126**

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 *Oscar A. Tanaka* **OSCAR A. TANAKA / DIRECTOR** **APRIL 17TH, 1998**
Signature of officer or director of the corporation (to be filled in by the registered agent and title, if applicable) (b)(3)(F) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREIRA, ADRIANA M	
STREET ADDRESS	1543 N.W. 79TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CAMPOS, GILBERTO M	
STREET ADDRESS	1543 N.W. 79TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPOS, NETE S	
STREET ADDRESS	1543 N.W. 79TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MOREIRA - CAMPOS, GILBERTO	
13 STREET ADDRESS	1543 N.W. 79TH AVE.	
14 CITY-ST-ZIP	MIAMI, FL 33126	
21 TITLE	S.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MEDEIROS, ADRIANA	
23 STREET ADDRESS	1543 N.W. 79TH AVE.	
24 CITY-ST-ZIP	MIAMI, FL 33126	
31 TITLE	VP. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GUMIERO - CATARINO, ROSELAINA	
33 STREET ADDRESS	1543 N.W. 79TH AVE.	
34 CITY-ST-ZIP	MIAMI, FL 33126	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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: *Oscar A. Tanaka* **APRIL 17TH, 1998 (305) 591-2255**
Signature and Title of Registered Agent (b)(3)(F) Registered Agent signature required when reinstating DATE

CR2E034 (10/97)