

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90017 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000013048

1. Corporation Name

GAIA TECHNOLOGIES CORPORATION



Principal Place of Business

Mailing Address

3741 SUNNY ISLES BLVD.
 #288
 SUNNY ISLES FL 33160

3741 SUNNY ISLES BLVD.
 #288
 SUNNY ISLES FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

2. Principal Place of Business

2a. Mailing Address

21 1405 SW 107TH AVE

26 1405 SW 107TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 301-A

27 301-A

23 City & State

28 City & State

MIAMI, FL

MIAMI, FL

24 Zip

25 Country

29 Zip

30 Country

33174

DADE

33174

DADE

4. FEI Number

65-0744025

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEVIA, GERARDO
 3741 SUNNY ISLES BLVD.
 #288
 SUNNY ISLES FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA ROCHA, FERNANDO NEVES	1.2 NAME	
STREET ADDRESS	3741 SUNNY ISLES BLVD. #288	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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 REQUIRED

08/05/99

freres@Opix-BR.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P97000013048
603604-90017-20

To Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

From Gaia Technologies Corporation
Fernando Neves da Rocha
President

Dear Sirs,

Please find attached the Profit Corporation Annual Report for the year of 1999 for Gaia Technologies Corporation.

I was out of the country and we did not received the first notice of such report.

We are trying to establish our business in Florida, but due to the economical scenario in Brazil in 1999 our plans are delayed.


Please accept our enclosed payment of US\$ 150.00.

We are also changing the address to ensure that we will not miss any communication or letters in the future and we will have a person to make sure all important documents are properly received and processed.

Being a foreigner and establishing a business in the United States requires a lot of help.

Thanks in advance for your help and support.

Best regards,


Fernando Neves da Rocha
President
Gaia Technologies Corporation
fneves@gaia-br.com