


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 035 ***150.00

0335073

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000025091

1. Corporation Name
GAMMA CORPORATION



Principal Place of Business 4699 N. FEDERAL HWY. STE. #205C POMPANO BCH. FL 33064 US	Mailing Address 10518 LAKE VISTA CIRCLE BOCA RATON FL 33498 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
--	---

3. Date Incorporated or Qualified 03/20/1997	4. FEI Number 65-0739612	Applied For Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

FERREIRA SILVA, PEDRO LUIZ
 10360-D COURTSIDE LANE
 BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name **FERREIRA SILVA, PEDRO LUIZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
4699 N FEDERAL HWY STE 205-C
 83
 84 City **POMPANO BEACH** FL 85 Zip Code **33064**

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 *Pedro L. Silva* DATE **01/28/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST FERREIRA SILVA, PEDRO LUIZ 10360-D COURTSIDE LANE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIOSSI, MARIA H 10360-D COURTSIDE LANE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PDST FERREIRA SILVA, PEDRO LUIZ 22317 SW 66TH AVE # 2309 BOCA RATON, FL 33428
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD TIOSSI, MARIA H. 22317 SW 66TH AVE # 2309 BOCA RATON, FL 33428
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[] Change [] Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[] Change [] Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[] Change [] Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[] Change [] Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **01/28/99** (56) 4794926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)