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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P97000091614

1. Corporation Name
GSI PROPERTIES, INC.

Principal Place of Business	Mailing Address
10753 S.W. 104TH STREET MIAMI FL 33176-8164	P O BOX 165333 MIAMI FL 33116-333 US 33116-5333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7700 N. KENDALL DRIVE	2a. Mailing Address 26 P.O. Box 165333
Suite, Apt. #, etc. 22 SUITE 515	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip / Country 24 33156 25 USA	Zip / Country 29 33116-5333 30

3. Date Incorporated or Qualifed: 10/24/1997

4. FEI Number: 65-0790131 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLAYA, MAX F
10753 S.W. 104TH STREET
MIAMI FL 33176-8164

10. Name and Address of New Registered Agent

81 Name: REYDEL SANTOS
82 Street Address (P.O. Box Number is Not Acceptable): 7700 N. KENDALL DRIVE
83: SUITE 515
84 City: MIAMI FL 85 Zip Code: 33156

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: Reydel Santos REYDEL SANTOS 4-28-99
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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BLAYA, MAX F		1.2 NAME	SANTOS, REYDEL	
STREET ADDRESS	7440 S.W. 127TH STREET		1.3 STREET ADDRESS	7700 N. KENDALL DRIVE, #515	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	MIAMI, FL 33156-7566	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CASTELLON, GIRALDO		2.2 NAME		
STREET ADDRESS	2830 S.W. 115TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHEVALLIER, CLIFFORD		3.2 NAME		
STREET ADDRESS	10240 S.W. 40TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONTRERAS, PAUL A		4.2 NAME		
STREET ADDRESS	15001 S.W. 69TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MENENDEZ, MARIO E		5.2 NAME		
STREET ADDRESS	4905 RIVIERA DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANTOS, REEMBERTO		6.2 NAME		
STREET ADDRESS	10101 S.W. 50 TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Reydel Santos REYDEL SANTOS 4-28-99 (305) 271-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #