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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000050597**

1. Corporation Name
G.A. INTERNATIONAL ELECTRONICS OF ALASKA CORP.

Principal Place of Business	Mailing Address
6350 NORTH ANDREWS AVENUE SUITE 100 FT LAUDERDALE FL 33309	6350 NORTH ANDREWS AVENUE SUITE 100 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/05/1998

2. Principal Place of Business	2a. Mailing Address
21 825 Brickell Bay Drive	26 825 Brickell Bay Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Twr 3 # 1845	27 Twr 3 # 1845
City & State	City & State
23 Miami FL	28 Miami FL
Zip / Country	Zip / Country
24 33131 25 USA	29 33131 30 USA

4. FEI Number: 65-0841340 ☐ 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERRITS, ANDREW T
6350 NORTH ANDREWS AVENUE
SUITE 100
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Gunter Olbrich
82 Street Address (P.O. Box Number is Not Acceptable): 825 Brickell Bay Drive
83: Twr 3 # 1845
84 City: Miami FL 85 Zip Code: 33131

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] President Apr. 21, 1999
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	VP	☐ Change ☒ Addition
NAME	OLBRICH, GUNTER		1.2 NAME	Gerard G. Molina	
STREET ADDRESS	825 BRICKELL BAY DRIVE TOWER THREE UNIT 1845		1.3 STREET ADDRESS	825 Brickell Bay Drive, Twr. 3, # 1845	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE		☐ DELETE	2.1 TITLE	Secy / Treasurer	☐ Change ☒ Addition
NAME			2.2 NAME	Birgit Olbrich	
STREET ADDRESS			2.3 STREET ADDRESS	825 Brickell Bay Drive, Twr. 3 # 1845	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED — Apr. 21, 1999 (Date) — (305) 371-7039 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR