

DOCUMENT # P99000006360

1. Entity Name
G.C.S. DISTRIBUTORS, INC.

03-26-2001 90008 024 ***150.00

Principal Place of Business	Mailing Address
701 PINE DR. #182	P.O. BOX 10117
POMPANO BEACH FL 33060	POMPANO BEACH FL 33061

2. Principal Place of Business 7200 NW 29th Avenue	3. Mailing Address 2649 NE 14th Terrace
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. _____

City & State MIAMI, FLORIDA		City & State POMPANO BEACH, FL	
Zip 33147	Country DADE	Zip 33064	Country USA

4. FEI Number 65-0890349	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CONTRINO, GERRY 701 PINE DR / #102 / POMPANO BEACH FL 33060	Name CON
	Street Address 2649
	City POMPA

7. Name and Address of New Registered Agent

TRINO, GERRY
P.O. Box Number is Not Acceptable
NE 14TH TERRACE
NO BEACH FL Zip Code 33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  PRESIDENT 3/7/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CONTRINO, GERRY 2649 NE 14th TERRACE 701 PINE ST., #102 POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  President 3/20/01 954-612-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)