

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S82943** (9)

1. Corporation Name

G.A.C. TRADING CO., INC.



Principal Place of Business

Mailing Address

**3050 BISCAYNE BLVD
SUITE 511
MIAMI FL 33137
US**

**3050 BISCAYNE BLVD
SUITE 511
MIAMI FL 33137
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0288014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 restate)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GODINHO, ANTONIO CARLOS**
STREET ADDRESS **RUA MIRACEMA 33**
CITY-STATE-ZIP **SAN PAULO, BRASIL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **GODINHO, JOSE MAURICIO**
STREET ADDRESS **RUA MIRACEMA 128**
CITY-STATE-ZIP **SAN PABLO, BRASIL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **ANGELI, JOSE CARLOS**
STREET ADDRESS **AVE. ARICANDUVA 11800**
CITY-STATE-ZIP **SAN PABLO, BRASIL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE **VD** ☐ DELETE
NAME **CARDOSO, LUIS CARLOS**
STREET ADDRESS **RUA SAN FRABNCISCO DO**
CITY-STATE-ZIP **SAN PABLO, BRASIL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)