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STREET ADDRESS

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CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENTALE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S85909 GTA CORP. Mailing Address Principal Place of Business 1111 KANE CONCOURSE 1111 KANE CONCOURSE STF 618 SE 618 BAY HABOR FL 33154-2044 BAY HARBOR FL 93154 HS a. Date of Last Report 04/25/1996 3. Date Incorpora 10/07/1991 orated or Qualified 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0381710 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEITZMAN, JACK L. 81 Name 10701 SW. 104 ST. 82 Street Addres MIAMI/FL 33176 83 84 City 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, applying the appointment as registered agent. I am familiar with, applying the appointment as registered agent. I am familiar with, applying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment as registered agent. I am familiar with a polying the appointment and the polying the appointment as registered agent. I am familiar with a polying the appointment and the polying the appointment as registered agent. I am familiar with a polying the appointment and the polying the appointment as registered agent. I am familiar with a polying the appointment and the polying the appointment an SIGNATURE (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE Change Addition COLONOMOS, ALBERTO 1.2 NAME 1111 KANE CONCOURSE STE 618 STREET ADDRESS 1.3 STREET ADDRESS **BAY HARBOR FL** CITY-ST-ZIP 1.4 C(1Y - ST - ZIP DVS DELETE Change Addition TITLE 2.1 TITLE FRAIMAN, GUIDO NAME 2.2 NAME 1111 KANE CONCOURSE STE 618 STREET ADDRESS 2.3 STREET ADDRESS BAY HARBOR FL CITY-ST-ZIP 2 4 C(TY-ST-ZIP TITLE DELETE Change Addition FRAIMAN, GUIDO 3.2 NAME /111 KANE CONCOURSE STE 618 STREET ADDRESS 3.3 STREET ADDRESS BAY HARBOR FL CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE Change TITLE Addition 4 1 11TLE 4. 2 NAMi STREET ADDRESS 4.3 STŘEEL ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-S1-ZIP TITLE DELETE 6.1 1/116 Change ☐ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP 14. I do 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 eath; 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 panged, or on an attachment with an address.

FILED May 12 1997 8:00am