

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V73359 (4)  
1. Corporation Name  
GERFALCON LIMITED, INC.

Principal Place of Business

Mailing Address

564 NW 55TH STREET  
BOCA RATON FL 33487

564 NW 55TH STREET  
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	630 E. Atlantic Ave.	26	4073 N.W. 2 LN.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Delray Beach	27	Delray Beach
City & State		City & State	
23	FLORIDA	28	FLORIDA
Zip		Zip	
24	33483	29	33445
Country		Country	
25	USA	30	USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERHI, ELIE  
564 NW 55TH STREET  
BOCA RATON FL 33487

81	Name	MERHI, ELIE
82	Street Address (P.O. Box Number is Not Acceptable)	4073 N.W. 2 LN.
83		
84	City	Delray Beach
85	Zip Code	FL 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P
NAME	MERHI, ELIE	12 NAME	MERHI, ELIE
STREET ADDRESS	564 NW 55TH ST	13 STREET ADDRESS	630 E. ATLANTIC AVE.
CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	DELRAY BEACH FL. 33483
TITLE	S	21 TITLE	S
NAME	MERHI, ELIE	22 NAME	MERHI, ELIE
STREET ADDRESS	564 NW 55TH ST	23 STREET ADDRESS	630 E. ATLANTIC AVE.
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	DELRAY BEACH FL. 33483
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE:

ELIE MERHI

ELIE MERHI

(561) 638-8257

CR2E034 (10/97)