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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLÖRIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V74131

GIRGOM CORPORATION

(6)
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FILED Apr 18 1997 8:00am Secretary of State



Principal Place 1717 N BAYSH APT. #4041 MIAMI FL 8313		Mailing Address 1717 N BAYSHORE DR APT. #4041 MIAMI FL 33132-1180					
					 Date Incorporated or Qualified 10/23/1992 	3a. Date of Las 05/01/199	
·	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Sulte, Apt.	# atc	Suite, Apt. #, etc.			65-0366574		Not Applicable
22 Suite, Apr.	#, O.C.	27			5. Certificate of Status Desired	1 1 '	5 Additional Required
City & Stat	ie	City & State	—	· 	6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		or s. 199.032,
24	25		30			Yes No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Rec	ilstered Agent	
	ICEBAUGH, SANDRA ARTHUR GODFREY ROAD		8	Name			
	TE 401		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	MI BEACH FL 33140		83	 			
THE WATER							
•			84	City		FL 85 Z	Zip Code
SIGNATURE	Signature, typed or printed name of registered agent	· — · · · · · · · · · · · · · · · · · ·	E Registered Ac	ord's gnature requ	red when resistating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECT	FORS IN 12
TITLE	D	DELETE	1.1 101		ADDITIONAL TO OFFICE	Chang	
NAME	GIRODAT, SABRINA		1.2 NAME				
STREET ADDRESS	1717 S BAYSHORE DR #4041		1.3 S1R£[T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1,4 CHY-	ST - 71P			
TITLE	D OIDODAT STEEANO	DETELE	211111			Chang	ge 🔲 Addition
NAME	GIRODAT, STEFANO 1717 S BAYSHORE DR #4041		2.2 NAME				
STREET ADDRESS	MIAMI FL 33131			LADURESS			
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY - 3 1 THLE	ST-ZIP		Chang	ge Addition
NAME	DEROSA, HRAZIELLA	☐ bterit	3 2 NAME			☐ eusui	ae 🗂 vodinali
STREET ADDRESS	1717 S BAYSHORE DR #4041			L ADDRESS			
CITY-ST-2IP	MIAMI FL		34. CHY-				
TITLE		DELETE	4.1 11111			☐ Chang	ge 🔲 Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STHEE	i address			
CITY-ST-ZIP		Deceme	4.4 CITY -	ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge L Addition
NAME CTOCCT ADDRESS			5.2 NAME	T Afsbrucon			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS			
TITLE		DELETE	5.4 CITY - 6.1 THLE	31-78		Chang	ge Addition
NAME			6.2 NAME				
STREET ADDRESS				I ADORESS			
CITY-ST-ZIP			6.4 C(TY)				
	ov certify that the information supplied	with this filing doce not qualif			Lin Section 119.07(3)(i) Florida Statutes	Lituribor cortificati	not the

On 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 suppliemental annual report is frue 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