

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Madlani
Secretary of State

DIVISION OF CORPORATIONS

5-1-96 B-5184 C

DOCUMENT # P94000039297 (4)

1. Corporation Name

G.A. INTERNATIONAL ELECTRONICS OF FLORIDA CORP.



Principal Place of Business

Mailing Address

2450 SOUTHWEST 137TH AVENUE STE. 221
MIAMI FL 33175

2450 SOUTHWEST 137TH AVENUE STE. 221
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CABALLERO, MARCIA B
2450 SOUTHWEST 137TH AVENUE STE. 221
MIAMI FL 33175

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 Section 607.01, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, in both in the state of Florida. Such change was authorized by the incorporator, trustee or director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLBRICH, GUNTER	
STREET ADDRESS	11 POTTER AVENUE	
CITY, ST, ZIP	STATEN ISLAND NY 10314	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOLINA, GERARD G	
STREET ADDRESS	200 BURBANK AVENUE	
CITY, ST, ZIP	STATEN ISLAND NY 10314	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OLBRICH, BIRGIT	
STREET ADDRESS	11 POTTER AVENUE	
CITY, ST, ZIP	STATEN ISLAND NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Adj
NAME	OLBRICH, GUNTER	
STREET ADDRESS	1915 Brickell Ave., C-906	
CITY, ST, ZIP	Miami, FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Adj
NAME	STD	
STREET ADDRESS	1915 Brickell Ave., C-906	
CITY, ST, ZIP	Miami, FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Adj
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Adj
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

SIGNATURE:

Gunter Olbrich
PRES.
APR 15 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)