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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400039297

1. Corporation Name

G.A. INTERNATIONAL ELECTRONICS OF FLORIDA CORP.

Principal Place of Business Mailing Address							.,	1114 14114 11414	1 /6(), 100, /00,
2450 SOUTHWEST 137TH AVENUE STE. 221 2450 SOUTHWEST 137TH			AVENUE STE. 221						
MIAMI FL 3317	MIAMI FL 33175	3175			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		<u> </u>	
						05/25/1994			
Principal Place of Business 2a. Mailing Address			_			4. FEI Number		Ar	pplied For
21		26			65-0501176		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22	The second of the second	. 27				5. Certificate of States Desired			equired
City & Stat	e	City & State	_ ^			6. Election Campaign Financing		•	May Be
23		28 Country			Trust Fund Contribution			to Fees	
Zip	Country	Zip				8. This corporation owes the curre	ent year Inta	angible [] Yes	□No
24	25	29 30	L			Personal Property Tax. 10. Name and Address of New R	enistered A		
	9. Name and Address of Current	Registered Agent	81	Nar	 ne	10. Name and Address of New IV	cylotereu z	190	
CABALLERO, MARCIA B				ļ					
	SOUTHWEST 137TH AVENUE S	TE. 221	82	Stre	et Addre	ess (P.O. Box Number is Not Accepta	bie)		
MIAN	MI FL 33175		83						
			<u> </u>						
			84	City			FL	2ip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	ı. ə-nam	ed corpo	oration submits this statement for the	ourpose of	changing its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was autho	orized by	the co	orporatio	n's board of directors. I hereby accept	t the appoin	tment as re	gistered
	minimus willi, and accept are obligan			-					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registred)				t signat	ıre required	s when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	OLBRICH, GUNTER		1.2 NAME)
STREET ADDRESS	720 NE 69TH ST 24N	1.3 \$		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	□ oc: c=c	1.4 CITY-S					Change	☐ Addition
TITLE	VD	☐ DELETE	2.1 TITLE 2.2 NAME					□ Change	Addition
NAME	MOLINA, GERARD G								
STREET ADDRESS	200 BURBANK AVENUE		2.3 STREET ADORESS		SS				}
CITY-ST-ZIP	STATEN ISLAND NY 10314	□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		-			Change	Addition
TITLE	<u> </u>			3.1 IIILE 3.2 NAME				C Change	
NAME	Olbrich, Birgit s 720 ne 69th St 24n		3.3 STREET ADDRESS						}
STREET ADDRESS			3.4. CITY-ST-ZIP		.33				
CITY-ST-ZIP	DELETE		4.1 TITLE					Change	☐ Addition
NAME		<u> </u>	4.2 NAME						
STREET ADDRESS			4.3 STREET	r addær	ss				
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	T ADDRE	SS				}
CITY-ST-ZIP			5.4 CMY-S	T-ZIP					
TITLE		□ DELETE	6.1 TITLE					Change	☐ Addition

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 attachage with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305 371-7039

May 03, 1999 8:00 am Secretary of State

05-03-1999 90122 036 ***300.00

CR2E034 (11/98)