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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000020462 (3)

1. Corporation Name
INTERGUN LATINO AMERICA CORPORATION



Principal Place of Business
**330 GRECO AVENUE STE 103
CORAL GABLES FL 33146**

Mailing Address
**330 GRECO AVENUE STE 103
CORAL GABLES FL 33146-1800**

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report NONE
4. FEI Number 22-3465231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 BRICK NEW JERSEY Suite, Apt. #, etc.	2a. Mailing Address 26 413 KENTWOOD BLVD Suite, Apt. #, etc.
22 City & State	27 BRICK NJ
23 Zip Country	28 08724 USA
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent WASSMANN, GERHARD 330 GRECO AVENUE STE 103 CORAL GABLES FL 33146	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City	84 City
	85 Zip Code FL

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	WASSMAN, GERHARD	
STREET ADDRESS	330 GRECO AVENUE STE 103	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	PRESIDENT	<input type="checkbox"/>
NAME	G. SCHORNSTEIN	
STREET ADDRESS	HAZENKOOG 52	
CITY-ST-ZIP	1822 BT ALKMAAR, HOLLAND	
TITLE	MARISKE HAMEL SCHORNSTEIN	<input type="checkbox"/>
NAME	VICE PRESIDENT	
STREET ADDRESS	HAZENKOOG 52	
CITY-ST-ZIP	1822 BT ALKMAAR, HOLLAND	
TITLE	SECRETARY	<input type="checkbox"/>
NAME	CHRISTINE CONNORS	
STREET ADDRESS	413 KENTWOOD BLVD	
CITY-ST-ZIP	BRICK NJ 08724	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-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 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: *[Handwritten Signature]* DATE: *[Handwritten Date]*

CR2E034 (9/96)