FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 581207

1. Corporation Name
GISELA, INC. APARTMENTS
5355 WEST 6 LANE
HIALEAH, FLORIDA 33012-2514

Principal Place of Business / Mailing Address
1456 WEST 29th STREET
HIALEAH, FLORIDA 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/78
3a. Date of Last Report: 04/13/94

2. Principal Place of Business
21 1456 WEST 29th STREET
22 Suite, Apt. #, etc.
23 City & State: HIALEAH, FLORIDA
24 Zip: 33012 25 County: DADE

2a. Mailing Address
26 5355 WEST 6 LANE
27 Suite, Apt. #, etc.
28 City & State: HIALEAH, FLORIDA
29 Zip: 33012 30 County: DADE

4. FEI Number: 59-2168574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JESSE P. GONZALEZ
8260 N.W. 111 TERRACE
HIALEAH, FLORIDA 33012-2355

10. Name and Address of New Registered Agent
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 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 signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT GISELA MILIAN 5355 WEST 6 LANE HIALEAH, FLORIDA 33012-2514	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition SECRETARY-TREASURER JUAN J. MILIAN 5355 WEST 6 LANE HIALEAH, FLORIDA 33012-2514
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition 000001494681 -05/11/95--01090--011 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition SCCS-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: Gisela Milian 04/26/95 (305) 825-0699
SIGNATURE OF CURRENT OFFICER OR DIRECTOR — Date — Daytime Phone #
GISELA MILIAN