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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 04 1998 8:00am Secretary of State

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DOCUMENT # 681797

797 (7)

GUIVIS, INC.

Principal Place of Business		Mailing Address			. Leaten aun inen einet eine enne enter enne mitte	ibit Blatt Bibit Bibli Bibit (SAL
12555 BISCAYNE BLVD. P. O. BOX 492 NORTH MIAMI FL 33181		12555 BISCAYNE BLVD. P. O. BOX 492 NORTH MIAMI FL 33181		DO NOT WRITE IN TH	IIS SPACE	
			TOTAL MUMILIE GOLD		3. Date Incorporated or Qualified	3. Date Incorporated or Qualified
					08/12/1980	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
26				59-2027690	Not Applicable	
		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	27		6. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>		Trust Fund Contribution	Added to Fees
Zip	Country Zip		Con	intry	8. This corporation owes or has paid the	current year Intangible
24	25 29 30		30	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Register	ed Agent
CO	RBO, GUILLERMO			81 Name		
5531 W. 6TH CT.				82 Street	Address (P.O. Box Number is Not Acceptable)	<u>.</u>
HIALEAH FL 33012						
				83		
				84 City	<del></del>	85 Zip Code
				City	F	85 Zip Code
SIGNATURE	am familiar with, and accept the ol	d agent and title if applicable (NO	TE Registere		required when reinstating) DAT	
12.	<del>,</del>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD COMPANY	[_] DELETE	1.1 D			Change Addition
NAME	CROBO, GUILLERMO		1.2 N			
STREET ADDRESS	12555 BISCAYNE BLVD.		1	ireet address		
CITY-ST-ZIP	N. MIAMI FL	Dougra		TY-ST-ZIP		Tour The second
TITLE		☐ DELETE	2.1 TJ			Change Addition
NAME	!		2.2 N			
STREET ADDRESS				FREET ADDRESS		
CITY - ST - ZIP		Floring		iTY-ST-ZiP		
TITLE	}	☐ DELETÉ	311	í		Change Addition
NAME	1		32 N	1		
STREET ADDRESS				TREET ADDRESS		
CITY - ST - ZIP				ITY-ST-ZIP	<u></u>	
TITLE		DE1 ETE	4.1 Ti			Change Addition
NAME			, 4.2 N			
STREET ADDRESS			4.3 S1	TREET ADDRESS		
CITY - ST - ZIP				TY-ST-ZIP		
TITLE	]	DELETE.	5 ( T)	TLE		Change Addition
NAME	1		5.2 N	AME		
STREET ADDRESS	)		5381	Treet Address		
CITY-ST.7IP	]		540	ITV - ST - 7IP		

14. Thereby 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 artiful statute.

64 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

H15/98 (305)895-6886

Change Addition