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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K12720**

1. Corporation Name
GOGACO, INC.



Principal Place of Business
 700 S.W. 36TH AVE.
 MIAMI FL 33135

Mailing Address
 700 S.W. 36TH AVE.
 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1988

4. FEI Number
65-0276274

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **3663 S.W. 8th Street**

2a. Mailing Address
 26 **3663 S.W. 8th Street**

Suite, Apt. #, etc.
 22 **Third Floor**

27 **Third Floor**

City & State
 23 **MIA FL**

28 **MIA FL**

Zip Country
 24 **33135 USA**

25 **USA**

29 **33135**

30 **USA**

9. Name and Address of Current Registered Agent

VALLS, FELIPE A.
700 S.W. 36TH AVE.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
VALLS, FELIPE A.

82 Street Address (P.O. Box Number is Not Acceptable)
3663 SW 8th Street Third Floor

83

84 City **MIAMI** FL 85 Zip Code **33135**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A	
STREET ADDRESS	700 S.W. 36TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TORRES DE NAVARRA, CARLOS	
STREET ADDRESS	700 SW 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALLS, FELIPE A. JR	
STREET ADDRESS	700 S.W. 36TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TORRES DE NAVARRA, CARLOS	
STREET ADDRESS	700 S.W. 36TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALLS, FELIPE A.	
1.3 STREET ADDRESS	3663 S.W. 8th Street 3rd. Floor	
1.4 CITY-ST-ZIP	Miami, FL 33135	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TORRES DE NAVARRA, CARLOS	
2.3 STREET ADDRESS	3663 S.W. 8th Street 3rd Floor	
2.4 CITY-ST-ZIP	MIAMI, FL 33135	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VALLS, FELIPE A. JR	
3.3 STREET ADDRESS	3663 S.W. 8th Street, 3rd Floor	
3.4 CITY-ST-ZIP	MIAMI, FL 33135	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TORRES DE NAVARRA, CARLOS	
4.3 STREET ADDRESS	3663 S.W. 8th Street, 3rd Floor	
4.4 CITY-ST-ZIP	MIAMI, FL 33135	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: Carlos Torres de Navarra VICE PRESIDENT, CARLOS TORRES DE NAVARRA (305) 446-4916
 Date: 2/2/99 Daytime Phone #

CR2E034 (11/98)