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 # MO1107

i. Corporation	G BLOCKS DEVELOPMENT	, INC.				
Principal Place	of Business	Mailing Address				1 100/01/1 000 files inon isen sent sent sent sent armit armit erni erni erni sent
1015 SW 43RD MIAMI FL 33134 US		1015 SW 43RD AVE Miami FL 33134 US			DO NOT WRITE IN THIS SPACE	
00						3. Date Incorporated or Qualifed
						08/17/1988
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For Not-Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	r, 610.	27				5. Certificate of Status Desired Fee Required
City & State	3	City & State			11	6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip 24	Country	Zip 29	Cou 30	ntry		8. This corporation owes the current year Intangible Personal Property Tax. Yes ANO
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
Curbelo, robert jr 1015 Southwest 43RD avenue				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
MIAN	/II FL 33134			83		
(84		City	FL 85 Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, F	s autnorized Florida Statu	utes	the corporati	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ager		OTE: Registered	Agen	nt signature requir	pulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P OFFICERS AN	D DIRECTORS DELETE	1.1 TE	n.e		Change Addition
NAME	CURBELO, ROBERT JR		1.2 NA			·
STREET ADDRESS	1015 SOUTHWEST 43RD AVE				TADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CF	TY-\$	T- ZIP	
TITLE		☐ DELETE	2.1 TI	ΓLE		☐ Change ☐ Addition
NAME	t.	•	2.2 NA	ME		
*STREET ADDRESS		<u> </u>	2.3 67	REET	FADORESS	
CITY-ST-ZIP				_	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TX			- Change Addition
NAME	, 		3.2 N			
STREET ADDRESS	,				TADDRESS	
CITY-ST-ZIP		☐ DELETE	4.1 TT		ST-ZIP	☐ Change ☐ Addition
TITLE NAME			4.2 N			-
STREET ADDRESS	,				T ADDRESS	•
CITY-ST-ZIP			4,4 CI			
TITLE	,	☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME .			5.2 N/	ME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP			5.4 CI		T-ZIP	
TITLE	•	☐ DELETE	6.1 TF			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS	•		6.3 ST	REE	TADORESS	

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 suppliemental a mual eport 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 pn an attainment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90136 038 ***150.00