

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
Suzanne B. Baskin
Secretary of State
1901 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

MAY - 1 PM 10:07

DOCUMENT # L50220

(7)

G.O.G. IMPORT & EXPORT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Incorporation: **15143 SW 142ND CT MIAMI FL 33186**
Mailing Address: **15143 SW 142ND CT MIAMI FL 33186**

DATE OF NEXT REPORT: **02/15/1996**

2. Date of filing of this report	2a. Mailing Agency	3. Date incorporated or qualified	3a. Date of last report
21. State Agent name	26. State Agent name	4. FEI Number	Applied Tax Not Applicable
22. City/State	27. City/State	5. Certificate of Status (Issued)	\$8.75 Additional Fee Required
23. City/State	28. City/State	6. Director Compensation: Foreign	\$5.00 May Be Added to Fees
24. City/State	29. City/State	7. This corporation has liability for state tax under the Florida Statutes	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORDONEZ, GUILLERMO 15143 SW 142ND CT MIAMI FL 33186	B1. Name B2. Street Address B3. B4. City
	FL 85

11. I, the undersigned, the president of the corporation, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes. I am a resident of the State of Florida and have the right to exercise the powers and perform the duties of the office of president of the corporation.

SIGNATURE: *Guillermo A. Ordonez* (President) DATE: **04/26/95**

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
NAME: DP ORDONEZ, GUILLERMO STREET ADDRESS: 15143 SW 142ND CT MIAMI FL	NAME: _____ STREET ADDRESS: _____
NAME: DTS ORDONEZ, CARMEN L. STREET ADDRESS: 15143 SW 142ND CT MIAMI FL	NAME: _____ STREET ADDRESS: _____
NAME: _____ STREET ADDRESS: _____	NAME: _____ STREET ADDRESS: _____
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NAME: _____ STREET ADDRESS: _____	NAME: _____ STREET ADDRESS: _____

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes. I am a resident of the State of Florida and have the right to exercise the powers and perform the duties of the office of president of the corporation.

SIGNATURE: *Guillermo A. Ordonez* DATE: **04/26/95** (305) 232-6570
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
President.