

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000078984 (8)**

1. Corporation Name
GAUNAURD ENTERPRISES, INC.



Principal Place of Business: **1020 CORAL WAY CORAL GABLES FL 33134**
Mailing Address: **1020 CORAL WAY CORAL GABLES FL 33134**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report					
21 1020 CORAL WAY		26 PO Box 52-0865		10/12/1995		10/12/95					
22 N/A		27		4. FEI Number		Applied for					
23 CORAL GABLES - FLA		28 MIAMI - FLA.		65-0615383		Not Applicable					
24 33134		29 33134		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required					
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
GAUNAURD, MANUEL A 1020 CORAL WAY CORAL GABLES FL 33134				81 Name				SAMR			
				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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUNAURD, MANUEL A		1.2 NAME		
STREET ADDRESS	1020 CORAL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUNAURD, INES		2.2 NAME		
STREET ADDRESS	1020 CORAL WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(x), 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.

SIGNATURE: **MANUEL A. GAUNAURD SR.** 5/16/96 (305) 925-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (12/95)