PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



P95000078984

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90051 021 ***150.00

GAUNAL	JRD ENTERPRISES, INC.				1 148 HARI 118 1410 1 8111 BRIN 8811 BRIN 1811 A	III J uud i 1 0 110 1016 1016 1017	2 11 12 1
Principal Place	e of Business	Mailing Address			1 16611661 (18 1818) 81111 88111 88111 88111 88111		
1020 CORAL WAY P O BOX 52-0865 CORAL GABLES FL 33134 MIAMI FL 33152 US US					DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 10/12/1995 		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied	d For
21	-	26			65-0615383		plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 мау	
23		28			Trust Fund Contribution	Added to Fe	es
Zip	Country	Zip	· ·		8. This corporation owes the current year	Intangible Yes	No.
24	9. Name and Address of Current Registered Agent		30		Personal Property Tax. 10. Name and Address of New Registere		10
	9. Name and Address of Curren	t Kegistered Agent	8	1 Name	IV. Name and Address of New Registere	u Agent	
GAU	NAURD, MANUEL A				-		
1020 CORAL WAY			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)	•	
CORAL GABLES FL-33134			8	3		<u> </u>	
		•	L			- 1-1 +	
	•		8	4 City	. F	L 85 Zip Code	3
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	ve-named co	orporation submits this statement for the purpose	of changing its regi	stered
office or re agent. I ar	egistered agent, or both, in the State (m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized b rida Statute	y the corpora	ation's board of directors. I hereby accept the app	omment as registe	iieu
SIGNATURE	,						1
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE		ent signature req	uired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	D AND MANUEL A	DELETE 1.1				. [_ Criange _	7 700111011
NAME	GAUNAURD; MANUEL A		1.2 NAME			•	}
STREET ADDRESS	1020 CORAL WAY		1.3 STREET ADDR				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-	1		☐ Change ☐	Addition
TITLE	<u> </u>		2.1 TITLE	1		C Guarde C	
NAME			2.2 NAME	4			1
STREET ADDRESS			2.3 STRE	ET ADDRESS	د کیمان در درستان که کاروانسا		1.
CITY-ST-ZIP	CONAL CADELO I E 33134	☐ DELETE	3.1 TITLE			☐ Change ☐	Addition
TITLE NAME		ے عدداد	3.2 NAME	1	•	, , • -	_
STREET ADDRESS			1	ET ADORESS			}
CITY-ST-ZIP	•		3.4. CITY				}
TITLE		DELETE	4.1 TITLE			Change [Addition
NAME			4. 2 NAM	1		•	
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		-	
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			☐ Change [Addition
NAME			5.2 NAME				ļ
STREET ADDRESS		1	5.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP	<u> </u>	5 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.4 CITY			<u> </u>	
TITLE	,	☐ DELETE	6.1 TITLE			☐ Change [Addition
NAME			6.2 NAME				
CTDEET ADDDECC	/ \·	/ 1	■ 6.3 STRE	ET ADDRESS			

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

. Cec SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR APR 1 2 1999 (30x) 825-2501