FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$24273**1. Corporation Name

G. GUTIERREZ, INC.

Principal Place of Business

15323 SW 69 TERRACE MIAMI FL 33193-2208

(2)

Mailing Address 15323 SW 69 TERRACE

MIAMI FL 33193-2208

FILED Mar 24 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 01/10/1991	3a. Date of Last R 05/30/1996		
2. Principal Place		2a. Mailing Address			4, FEI Number	Ar	plied For	
21 730154	U 139 AVE.	26 73015W 1.	39 19	ve.	65-0358470	No	t Applicable	
Suite, Apt #, 6		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Fee Re	Additional adulted	
City & State		City & State			6. Election Campaign Financing			
23 Mian	ni Fla	28 Miami &	1/2		Trust Fund Contribution	Added	May Be	
Zip	nu Flar Country	Zip	Country	/	8. This corporation has liability for			
24 3318			30			Yes No	, 155.032,	
	9. Name and Address of Currer		1		10. Name and Address of New Re		·····	
	RREZ. GUSTAVO		81	Name		F	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15323 SW 69 TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI	FL 33193		83		· · · · · · · · · · · · · · · · · · ·			
•			84	City		FL 85 Zip	Code	
11. Pursuant to tr	he provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the abov	e-named corr	poration submits this statement for the p	surpose of changing it	s registered	
office or regis	stered agent, or both, in the State am har with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized b ida Statute	y the corporal s.	tion's board of directors. I hereby accep	ot the appointment as	registered	
SIGNATURE								
Sign	nut we itspeed or printed name of registered age			ent signature requi	red when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
THILE P	•	☐ DELETE	1.1 TITLE			☐ Change	Addition	
	GUTIERREZ, GUSTAVO		1,2 NAME					
STREET ADDRESS 1	15323 SW 69 TERRACE		1.3 STREET	r address				
CITY-ST-ZIF N	MIAMI FL		1.4 CITY-5	ST-ZIP				
TiTLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADORESS			2.3 STREET	ADDRESS				
CITY-ST-Z-P			2 4 CiTY -					
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME		the second secon	3.2 NAME	•				
STREET ADDRESS				T ADDRESS				
				•				
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY - 4.1 TITLE	51-ZIP		Change	Addition	
1		בין טבנגונ				ET CHAIRE	A000000	
NAME			4. 2 NAME					
STREET ADDRÉSS			1	ADDRESS				
CITY-SI-7IP	·	T no ner	4.4 CITY-	ST-ZIP			4 100	
THILE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME:			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY - SI - 2IF			5.4 CITY-	ST- Z IP				
TITLE		DELETE	6.1 TITLE		مند د. پیش پاندر پاندر پیش پیش ویشد	Change	Addition	
NAME			6.2 NAME	f	70000212 -03/24/970113 ***165.00	ziŭ.		
STREET ADDRESS				T*ADORESS	-03/24/970113	32043		
STREET MUDICIOS			CACITY		***165.00			

14. I do 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 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 ordin attactment with an address.

SIGNATURE: