FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F23879** **(2)**

1. Corporation Name
GAMONTE, INC.

Principal Place of Business	Mailing Address
85 GRAND CANAL DRIVE. SUITE 202 MIAMI FL 33144-9566	85 GRAND CANAL DRIVE. SUITE 202 MIAMI FL 33144-9566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1981**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business	2a. Mailing Address
21 5201 Blue Lagoon Drive	26 5201 Blue Lagoon Drive
Suite, Apt. #, etc 22 Suite 570	Suite, Apt. #, etc 27 Suite 570
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / County 24 33126 / 25 USA	Zip / County 29 33126 / 30 USA

4. FEI Number: **59-2082380** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTENEGRO, GABRIEL E JR 1555 SAN RAFAEL AVE CORAL GABLES FL 33134-3241	81 Name 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: (Signature of new registered agent) (NOT Registered Agent's signature) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MONTENEGRO, GABRIEL	1.2 NAME	
STREET ADDRESS	7A AVE N #4126	1.3 STREET ADDRESS	
CITY ST ZIP	SAN SALVADOR-EL SALV	1.4 CITY ST ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTENEGRO, GABRIEL E JR	2.2 NAME	
STREET ADDRESS	1555 SAN RAFAEL AVE	2.3 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES, FL 00000	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MONTENEGRO, FERNANDO	3.2 NAME	
STREET ADDRESS	7A AVE N #4126	3.3 STREET ADDRESS	
CITY ST ZIP	SAN SALVADOR-EL SALV	3.4 CITY ST ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTENEGRO, J.E. (ASST)	4.2 NAME	
STREET ADDRESS	7A AVE N #4126	4.3 STREET ADDRESS	
CITY ST ZIP	SAN SALVADOR-EL SALV	4.4 CITY ST ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	MONTENEGRO, RICARDO	5.2 NAME	
STREET ADDRESS	7A AVE N #4126	5.3 STREET ADDRESS	
CITY ST ZIP	SAN SALVADOR-EL SALV	5.4 CITY ST ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	MONTENEGRO, R.A. (ASST)	6.2 NAME	
STREET ADDRESS	7A AVE N #4126	6.3 STREET ADDRESS	
CITY ST ZIP	SAN SALVADOR-EL SALV	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)(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 the 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: [signature] 04-27-95 (305) 264-1038
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GABRIEL E. MONTENEGRO JR

0156077 CP