

**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 # 393304 (1)

1. Corporation Name

G.H. BROTHERS INVESTMENT CORP.



Principal Place of Business

Mailing Address

191 S W 114 AVENUE  
SWEETWATER FL 33174

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SWEETWATER FL 33174

3. Date Incorporated or Qualified  
12/30/1971

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1448728

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

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

GONZALEZ (ELOY)  
191 S W 114 AVE  
MIAMI FL 33174

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, typed or printed name of registered agent and title, if applicable

(NOTE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNOLDO, ELIGIO	
STREET ADDRESS	191 SW 114 AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ELOY	
STREET ADDRESS	191 SW 114 AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, MILAGROS	
STREET ADDRESS	191 SW 114 AVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONZALEZ, ELIGIO A.	
1.3 STREET ADDRESS	191 SW 114 AVENUE	
1.4 CITY - ST - ZIP	MIAMI, FL 33174	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GONZALEZ, ELOY	
2.3 STREET ADDRESS	191 SW 114 AVENUE	
2.4 CITY - ST - ZIP	MIAMI, FL 33174	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GONZALEZ, ABILIO	
4.3 STREET ADDRESS	191 SW 114 AVENUE	
4.4 CITY - ST - ZIP	MIAMI, FL 33174	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GONZALEZ, OSCAR	
5.3 STREET ADDRESS	191 SW 114 AVENUE	
5.4 CITY - ST - ZIP	MIAMI, FL 33174	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GONZALEZ, RENE	
6.3 STREET ADDRESS	191 SW 114 AVENUE	
6.4 CITY - ST - ZIP	MIAMI, FL 33174	

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)(k), 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: ELOY GONZALEZ

03/11/96

(305) 554-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)