

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Norrham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 404006 (9)	
1. Corporation Name GOSA ENTERPRISES, INC.	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:39**

Principal Place of Business 10 NW 2ND ST. MIAMI FL 33128	Mailing Address 10 NW 2ND ST. MIAMI FL 33128
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/29/1972	3a. Date of Last Report 04/13/1994	4. FEI Number 59-1427070	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 GORFINKEL, NESTOR B ESQ 7 NW 2ND STREET SUITE 203 MIAMI FL 33128				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____
(Signature, typed or printed name of registered agent and title if applicable) (Date, Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAPOZNIK, CLARA	1.2 NAME	
STREET ADDRESS	10 NW 2ND ST	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAPOZNIK, LAZARO	2.2 NAME	
STREET ADDRESS	10 NW 2ND ST	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	GORFINKEL, LEON	3.2 NAME	
STREET ADDRESS	10 NW 2ND ST	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	GORFINKEL, JULIUS H	4.2 NAME	
STREET ADDRESS	10 NW 2ND ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	SAPOZNIK, JOSE	5.2 NAME	
STREET ADDRESS	10 NW 2ND ST	5.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(2)(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 13 of this filing, or on an attachment with an address.

SIGNATURE:  **3/23/95 (305) 371-3309**
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR