

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 440987

(6)

1. Corporation Name

E.P. "SUPE" GAULDING'S IMPORT AND EXPORT CORPORA  
TION OF MIAMI

Principal Place of Business

8359 NW 68TH STREET  
175 N.W. FIRST AVE. 11TH FLOOR  
MIAMI FL 33166  
US

Mailing Address

C/O MANUEL E. CABEZA  
800 DOUGLAS RD. SUITE # 351  
CORAL GABLES FL 33134-3187  
US



3. Date Incorporated or Qualified

11/29/1973

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1515917

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

MANUEL E. CABEZA  
800 DOUGLAS ROAD  
SUITE 351  
CORAL GABLES FL 33134

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

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

TITLE PST  
NAME GAULDING, ELLISON  
STREET ADDRESS 800 DOUGLAS ROAD  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE VP  
NAME RODRIGUEZ, ODALIS  
STREET ADDRESS PROLONGACION CHARLES DE GAULLE/ESQUINA CAL  
CITY-ST-ZIP STO. DOMINGO RE

☐ DELETE

TITLE AS  
NAME CABEZAM MANUEL E.  
STREET ADDRESS 800 DOUGLAS ROAD SUITE 351  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME GAULDING, ELLISON PARKS  
1.3 STREET ADDRESS 800 DOUGLAS ROAD, SUITE 351  
1.4 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE AS  
3.2 NAME CABEZA, MANUEL E.  
3.3 STREET ADDRESS 800 DOUGLAS ROAD, SUITE 351  
3.4 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

☒ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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, or on an attachment with an address.

SIGNATURE:

ELLISON PARKS GAULDING, PRESIDENT

Feb. 4, 1997

(809) 569-4532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)