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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 488423 1. Corporation Name G.D.M. ENTERPRISES, INC.

(5)

FILED Apr 25 1997 8:00am Secretary of State

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Principal Place		Mailing Address	S							
10155 COLLINS AVE., STE. 708 BAL HARBOUR FL 33154 US		C/O GIORA MATZKIN 10155 COLLINS AVE #708 BAL HARBOUR FL 33154-1621								
US						3. Date Incorporated or Qualified 10/22/1975	Report			
—	lace of Business	2a. Mailing Address			4. FEI Number			Applied For		
Suite, Apt. #, etc.		26 6/0 6/0RA	26 C/O GIORD MATZKIN			59-1657808			Not Applicable	
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Require					
City & State	9	City & State	27 740 LONCHSUELL PLACE			6. Election Campaign Financing				
23		28 PLANTATIN, FLORIDA								
Zip	Country	Zip	Cor	untry		8. This corporation has liability for in	tangible ta	c under	s. 199.032,	
24	25		30 6	"S	7		Yes 🔲			
1447	9, Name and Address of Currer	nt Registered Agent		04		10. Name and Address of New Reg	istered Ag	ent		
	ZKIN, GIORA			81	Name	•				
	55 COLLINS AVENUE TE 708			82	Street Addres	ss (P.O. Box Number is Not Acceptable	0)			
	HARBOUR FL 33154			83	 .					
				84	City		γ	ne 7,,	Code	
				54	City		FL	85 Z (Cade	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida, Such change was a	s, the al uthorize	bove d by	named corpo the corporatio	ration submits this statement for the pun's board of directors. I hereby accept	rpose of ch the appoin	anging Iment a	its registered is registered	
SIGNATURE										
12.	Signature, typed or printed name of registered age OFF-ICERS AN	ent and life if applicable (NOTE ID DIRECTORS	Hogistore 13.		l signaturo required	whom reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND D	IRECTO	3PS IN 12	
TITLE	PST	DELETE	1.1.11			ADDITIONS/OFFANGLE TO OFF TO		Change		
NAME	MATZKIN, GIORA	_	1.2 NAN							
STREET ADDRESS	10155 COLLINS AVE				ADDRESS					
CITY-ST-ZIP	BAL HARBOUR, FL 00000		1.4 CITY - ST - ZIP		· ZiP					
TITLE		DELETE	2.1 TITLE					Change	Addition	
NAME			2.2 NAME 2.3 STREE							
STREET ADDRESS					NODRESS					
CITY-ST-ZIP			2. 4 CITY		I - ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME		3.2		AME						
STREET ADDRESS			3.3 ST	TREET A	ADDRESS					
CITY-ST-ZIP			3.4 CITY-		1-2IP					
TITLE		DELFTE	4.1 TITLE				L.] Change	Addition	
NAME			4. 2 N							
STREET ADDRESS			4.3 S1	TREET A	ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CHY-S1		-216			Change	Addition	
TITLE		ן ועננונ	5.1 TITLE				L.] Change	Addition	
NAME STORET ADDORGO			5.2 N		inchice.					
STREET ADDRESS	•				ODRESS					
CITY-ST-ZIP TITLE		DELETE		HY-SI	- ZIP			Change	Addition	
NAME		FT) pritir	6.1 T/ 6.2 N/				_	j unange		
STREET ADDRESS			В		itingcéé					
]					ADDRESS					
CITY-ST-ZIP		J. 26. U.S. CE	6.4 CI	IIY-SI	- 216	0-11-07/083 Frank		777 77		

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 in changed, or on an attachment with an address.