

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

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90075 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 506357**

1. Corporation Name

**GT WIRE & CABLE CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7519 N.W. 8TH ST. MIAMI FL 33126		Mailing Address 2909 NW 34TH ST MIAMI FL 33142	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent			
GARCIA, MANUEL E 2909 NW 34TH ST MIAMI FL 33142			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
1.1 TITLE SDT <input checked="" type="checkbox"/> DELETE			
1.2 NAME TAMAYO, OMARA			
1.3 STREET ADDRESS 7519 NW 8TH ST			
1.4 CITY-ST-ZIP MIAMI, FL 00000			
2.1 TITLE P <input checked="" type="checkbox"/> DELETE			
2.2 NAME GARCIA, MANUEL E			
2.3 STREET ADDRESS 7519 NW 8 ST			
2.4 CITY-ST-ZIP MIAMI FL			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE SDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME TAMAYO, OMARA			
1.3 STREET ADDRESS 2909 N.W. 34 ST.			
1.4 CITY-ST-ZIP MIAMI FL. 33142			
2.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME MANUEL GARCIA			
2.3 STREET ADDRESS 2909 N.W. 34 ST.			
2.4 CITY-ST-ZIP MIAMI FL. 33142			
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 if it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL GARCIA

2/11/99

Date

305 625 3221

Daytime Phone #

CR2E034 (11/98)