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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 531808
1. Corporation Name
Gyeca Investment

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D I Di		Martin a Address			at a	
Principal Plac	ce of Business	Mailing Address	±	·	···	
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buco	VT arak	~~ ·		a de la companya de l		
,,	Stramberry o	11502		3. Date Incorporated or Qualified	3a. Date of Last Re	port
				4/19/77	413019	6
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ap	olied For
21	·	26	· · · · · · · · · · · · · · · · · · ·	59-19387		Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 A	
City & Sta	to .	City & State	······································		Fee Re	·
23		28	:	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30		Yes No	139.032,
T. I.	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name (at - Makr	CPA	0.0
			82 Street Ad	dress (P.O. Box Number is Not Acceptate	77 ~	76
P			511	o Drew St.	· · · · · · · · · · · · · · · · · · ·	
			83			
			84 City C		185 7 O C	nde
				le an is a fer	FL 3 4	~ 625
11. Pursuant	to the provisions of Sections 607.05	502 and 607, 1508, Florida Sta	tutes, the above-named co	prporation submits this statement for the partition's board of directors. I hereby access	ourpose of changing its	registered
agent la	am familiar with, and accept the obli	igations of Section 607.0505.	Florida Statutes.	and is board or directors. Thereby access	of the appointment as i	aðistei 60
	O. t. Ma	la a s		L. F. J. M.	(0) 4 3	
SIGNATURE	July 110	win				
	Skip alum typed or printed name of registered a		IOTE. Registered Agent signature req		DATE	
12.	OFFICERS A	ND DIRECTORS	13.	suited when reinslating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	
12.	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE			S IN 12
12. TITLE NAME	Peter Papp	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS	
12. TITLE NAME STREET ADDRESS	Peter Papp 3002 Strawb	ND DIRECTORS AS PT DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS	
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12. FITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A Peter Papp 3002. Strawb Pasadena T. Bessie Pap	ND DIRECTORS AS PT DELETE AND DELETE POS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		ERS AND DIRECTORS Change	Addition
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14. Lide 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 eath, that I ain 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 pr Block 13 if changed, or on an attachment with an address.

FILED May 15 1997 8:00am Secretary of State