

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	545221
1. Corporation Name	

THE GOUTIS CORPORATION

Principal Place of Business 4729 VAN BUREN ST HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

4729 VAN BUREN ST HOLLYWOOD FL 33021

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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Country

May 05, 1999 8:00 am Secretary of State

05-05-1999 90224 038 ***150.00



	, 1987	
	DO NOT WRITE IN THIS SPACE	
3. Dat	te Incorporated or Qualifed	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

09/14/1977

59-1762551

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

4. FEI Number

24	25	29	30				Personal Property Tax.		Yes	No
	9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	tered Age	nt	
				81	1	Name				
OHL	in, christine			92	١,	Ct	The Control of the Acceptable			
440	EAST SAMPLE	ROAD		82	1	Street Addre	ress (P.O. Box Number is Not Acceptable)			
SUN	E 202			83	H					_
POM	IPANO BEACH	FL 33064								
				84	(City		FL 8	5 Zip (Code
44 D		of Continue 607 0502 and 607 1509 E	Torida Statutos t	he above	L.	amed com	oration submits this statement for the purp	ose of char	naina its	registered
office or r	intered agent	or both, in the State of Florida, Such ch	iande was autho	rizea by	t⊓€	e corporatio	on's board of directors. I hereby accept the	appointme	nt as re	gistered
agent. I a	m familiar with, a	nd accept the obligations of, Section 60	07.0505, Florida	Statutes	i.					
SIGNATURE			41075				d when reinstating)	DATE		
40	Signature, typed or pri	nted name of registered agent and title if applicable. OFFICERS AND DIRECTORS		13.	nt si	gnature required	ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12
12.	PD			1.1 TITLE			ADDITIONAL TO SET 10		Change	Addition
	GOUTIS, AN	_		1.2 NAME		İ		_	- 3	
NAME	4729 VAN BI		l							
STREET ADDRESS			1	1.3 STREE						
CITY-ST-ZIP	HOLLYWOOI			1.4 CITY-S	T-Z	JP			Change	Addition
TITLE		L.		2.1 TITLE					Change	
NAME				2.2 NAME						
STREET ADDRESS		\$		2.3 STREE	TAD	XORESS				
CITY-ST-ZIP		·		2. 4 CITY-5	ST-Z	ZIP			Channa	☐ Addition
TITLE] DELETE	3.1 TITLE				Ц	Change	L] Addition
NAME				3.2 NAME						
STREET ADDRESS			1	3.3 STREE	TAD	DDRESS				
CITY-ST-ŽIP				3.4. CITY-5	\$T-2	ZIP				
TITLE			DELETE	4.1 TITLE		_ _			Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	TAC	DRESS				
CITY-ST-ZIP				4.4 CITY-S	îT-Z	1P				
TITLE			DELETE	5.1 TITLE					Change	☐ Addition
NAME			ļ	5.2 NAME						
STREET ADDRESS			ı	5.3 STREE	TAE	ODRESS				
CITY-ST-ZIP				5.4 CITY-S	T-Z	IP				
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME		_		6.2 NAME						

Country

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 changed or on an attachment with an address, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS