## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

"PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 OCT -2 PM 1:54 1997 DIVISION OF CORPORATIONS DOCUMENT # 563937 (2)**GUAO, INC.** Principal Place of Business Mailing Address 16595 NW 27TH AVE 16595 NW 27TH AVE MIAMI FL 33160-4026 MIAMI FL 33160-4026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1978 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1914169 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May By 23 Trust Fund Contribution 28 Added to Fe This corporation owes or has paid the current year Internable Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUIS SANCHEZ 1722 S W 99TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 84 City 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 (NOTL Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition SANCHEZ, LUIS 300002317913--5 -10/10/97--01090--032 NAME 1.2 NAME 1722 S.W. 99 PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL \*\*\*\*550.00 \*\*\*\*550.00 CITY-ST-ZIP 1.4 C(TY - ST - Z(P) DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4 1 THLE ☐ Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE TITLE 5.1 TITLE Addition **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. 1 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 directory of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 60', Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

APPROVED