FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
• ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 566181

1. Corporation Name

Gaymar, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/13/78
3a. Date of Last Report: 3/29/94

2. Principal Place of Business
21 292 S.W. 30th Avenue
22 Suite, Apt #, etc
23 City & State: Miami, FL
24 Zip: 33135
25 Country: U.S.A.

2a. Mailing Address
26 292 S.W. 30th Avenue
27 Suite, Apt #, etc
28 City & State: Miami, FL
29 Zip: 33135
30 Country: U.S.A.

4. FEI Number: 59-1850984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Jose A. Saavedra
SAAVEDRA & MANGUART, P.A.
1428 Brickell Avenue, Main Floor
Miami, Florida 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	11 TITLE ☐ Change ☐ Addition
NAME	Jose Antonio Gayol	12 NAME
STREET ADDRESS	290 S.W. 30th Avenue	13 STREET ADDRESS
CITY ST ZIP	Miami, FL 33135	14 CITY ST ZIP
TITLE	Treasurer	21 TITLE ☐ Change ☐ Addition
NAME	Prudencio Alvarez	22 NAME
STREET ADDRESS	292 S.W. 30th Avenue	23 STREET ADDRESS
CITY ST ZIP	Miami, FL 33135	24 CITY ST ZIP
TITLE	Vice-Treasurer	31 TITLE ☐ Change ☐ Addition
NAME	Mercedes Alvarez	32 NAME
STREET ADDRESS	292 S.W. 30th Avenue	33 STREET ADDRESS
CITY ST ZIP	Miami, FL 33135	34 CITY ST ZIP
TITLE	Secretary	41 TITLE ☐ Change ☐ Addition
NAME	Teresa Garcia	42 NAME
STREET ADDRESS	335 S.W. 33rd Avenue	43 STREET ADDRESS
CITY ST ZIP	Miami, FL 33135	44 CITY ST ZIP
TITLE		51 TITLE TAW 5-1-95 ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

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****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Prudencio Alvarez 4/19/95 (305) 372-8889
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #