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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 569247

(0)

1. Corporation Name

GORAL ENTERPRISES, INC.



Principal Place of Business

6095 N.W. 167TH STREET, D-1
HIALEAH, FL 33015 33015

Mailing Address

6095 N.W. 167TH STREET, D-1
HIALEAH, FL 33015 33015-4313

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

GORAL, PAUL
19715 E LAKE DR
MIAMI FL 33015

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/19/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1795329

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

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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VST
GORAL, PAUL
19715 E LAKE DR
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
GORAL, DAWN
452 SW 158 TR / STE - 203
PEMBROKE PINES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 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

SIGNATURE:

[Signature] DAWN GORAL 11/20/97 205-822-6060

CR2E034 (9/96)