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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605155

(1)

GGSF ASSETS CORP.

FILED Jul 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 5101 SW 8 STREET 5101 SW 8 STREET **MIAMI FL 33134** MIAMI FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1974 04/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 <u>59-1537728</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen HERNANDEZ (MOISES E.), M.D. 3661 S. MIAMI AVE. STE #1002 82 MIAMI FL 83 84 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE TITLE 1.1 TITLE HERNANDEZ (MOISES E.),MD NAME 1.2 NAME 5101 SW 8 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE FERRER, JOSE P. NAME 22 NAME **5101 SW 8 STREET** STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change __ Addition 3.1 TITLE TITLE ALBERTI-FLOR JUAN J. NAME 3.2 NAME **5101 SW 8 STREET** STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of the receiver or shattee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if prianged or on at attachmen with or address.