FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90033 002 ***150.00

	
DOCUMENT #	660600
1 Companies Name	002000
1. Corporation Name	

GUILMEN INVESTMENTS, INC.

%-MIGUEL-M. CONZALEZ-ESO- 370 MINORGA AVE. STE 5- GORAL-GABLES FL-83134- US	%-MIGUEL-M: CONZALEZ-EG -370 MINORCA-AVE: STE-5- COÑAL-GABLES-FL-33134- US	0 .	DO NOT WRITE Incorporated or Qualifed 05/21/1980	IN THIS SPACE	- 	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Арр	lied For	
21 601 BRICKELL KEY DRIVE	26 601 BRICKELL I	KEY DRIVE	59-2003870	Not	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	KEI DKIVE		\$8.75 A	dditional	
22 SUITE 705	27 SUITE 705		5. Certifcate of Status Desired	Fee Rec	quired	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Re	
23 MIAMI, FL	28 MIAMI FT.		Trust Fund Contribution	Added to		
Zip Country	Zip	Country	8. This corporation owes the current	vear Intangible		
24 33131 25 U.S.	_ · · —	u.s.	Personal Property Tax.		No	
9. Name and Address of Curre	29 33131 30 nt Registered Agent	<u>'10-5</u>	10. Name and Address of New Reg	istered Agent		
GONZALEZ, MIGUEL M ESQUIRE 370 MINORGA AVE. STE 5 GORAL GABLES FL 63134		82 Street Add	PENA, VILLANUEVA & BA. dress (P.O. Box Number is Not Acceptable RICKELL KEY DRIVE, SUIT	e)	ode	
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 of 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 payed make of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		Addition	
TITLE PTD	☐ DELETE	, ,	T/D	🔀 Change	∐ Addition	
NAME MENENDEZ, GUILLERMO		1.2 NAME GU	JILLERMO MENENDEZ			
STREET ADDRESS 370 MINORCA AVE, STE 5		1.3 STREET ADDRESS 60)1 BRICKELL KEY DRIVE,	SUITE 705		
CITY-ST-ZIP COPAL CABLES FL		1.4 CITY-ST-ZIP MT	AMT, FL 33131			
TITLE SVD	☐ DELETE		/ ∇/D	🔀 Change	☐ Addition	
NAME MENENDEZ, RUTH E.		2.2 NAME RU	JTH E. MENENDEZ			
STREET ADDRESS 370-MINORCA AVE. STE-5	1	2.3 STREET ADDRESS 60)1 BRICKELL KEY DRIVE,	SUITE 705		
CITY-ST-ZIP CORAL GABLES FL			IAMI, FL 33131			
TITLE	☐ DELETE	3.1 TITLE S		☐ Change	Addition	
NAME		3.2 NAME RT	ICARDO BAJANDAS			
STREET ADDRESS		l I)1 BRICKELL KEY DRIVE,	CUTTE 705		
	1			30116 705		
CITY-ST-ZIP	☐ DELETE	4.1 TITLE	IAMI, FL 33131 —	Change	Addition	
NAME	_	4.2 NAME				
		4.3 STREET ADDRESS				
STREET ADDRESS						
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition	
TIME .	_ 555516	5.2 NAME			<u></u>	
NAME		5.3 STREET ADDRESS				
STREET ADDRESS		1				
CITY- ST-ZIP		5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	
TITLE	☐ DELETE	0.1 111LE		criange		

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

RICARDO BAJANDAS

4/28/99

(305) 377-0809