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Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 664114 (6)
1. Corporation Name
GAVARRETE INC.



Principal Place of Business Mailing Address
4135 LAGUNA ST. 4135 LAGUNA ST.
CORAL GABLES FL 33146 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 811 PONCE DE LEON BLVD 26 811 PONCE DE LEON BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #100 27 #100
City & State City & State
23 CORAL GABLES FL 28 CORAL GABLES FLORIDA
Zip Country Zip Country
24 33134 25 MIAMI DADE 29 33134 30 MIAMI DADE

3. Date Incorporated or Qualified
01/30/1980
4. FEI Number Applied For
59-1972778 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GAVARRETE, FERNANDO
625 VILLAGELLA
CORAL GABLES FL 33146

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME GAVARRETE, FERNANDO
STREET ADDRESS 625 VILLAGELLA AVE.
CITY-ST-ZIP CORAL GABLES FL
TITLE VSD ☒ DELETE
NAME GAVARRETE, LUIS
STREET ADDRESS 824 GENOA
CITY-ST-ZIP CORAL GABLES FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSD ☒ Change ☐ Addition
1.2 NAME GAVARRETE FERNANDO
1.3 STREET ADDRESS 625 VILLAGELLA AVE
1.4 CITY-ST-ZIP CORAL GABLES FL 33146
2.1 TITLE PTD ☒ Change ☐ Addition
2.2 NAME GAVARRETE LUIS
2.3 STREET ADDRESS 824 GENOA ST.
2.4 CITY-ST-ZIP CORAL GABLES FL 33134
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)