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Mar 04 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 # 670220 (3)

1. Corporation Name  
GOCHAMAR DEVELOPMENT, INC.

Principal Place of Business

2129 SW 3RD ST.  
APT #1  
MIAMI FL 33135

Mailing Address

2129 SW 3RD ST.  
APT #1  
MIAMI FL 33135-1817



3. Date Incorporated or Qualified 05/15/1980  
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number 59-2400612  
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

CRESPO, MANUEL A.  
780 N.W. 42ND AVENUE  
SUITE 316  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name RAMON J GONZALEZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2688 S.W. 137th Ave  
84 City MIAMI FL 85 Zip Code 33125

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 *Ramon Gonzalez* 2-27-97 DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------|---|--|
| TITLE                      | PD                | 1.1 TITLE   |  |
| NAME                       | GONZALEZ, RAMON J | 1.2 NAME  |  |
| STREET ADDRESS             | 2129 SW 3RD ST #1 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI, FL 00000   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 2.1 TITLE   |  |
| NAME                       |                   | 2.2 NAME  |  |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 3.1 TITLE   |  |
| NAME                       |                   | 3.2 NAME  |  |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 4.1 TITLE   |  |
| NAME                       |                   | 4.2 NAME  |  |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 5.1 TITLE   |  |
| NAME                       |                   | 5.2 NAME  |  |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 6.1 TITLE   |  |
| NAME                       |                   | 6.2 NAME  |  |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 6.4 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 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: *Ramon Gonzalez* 2-27-97 (315) 221-2622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)