

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 684687 (7)

1. Corporation Name
EL GORDO'S, INC.



Principal Place of Business
**7815 BLIND PASS ROAD
C/O JOHN N TOMASSI SR
ST. PETERSBURG BEACH FL 33706
US**

Mailing Address
**480-82ND AVE.
C/O JOHN N TOMASSI SR
ST. PETERSBURG BEACH FL 33706
US**

3. Date Incorporated or Qualified
08/19/1980

3a. Date of Last Report
04/28/1995

4. FEI Number
59-1846250

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**TOMASSI, JOHN, N, SR
480 82ND AVE
ST PETE BCH, FL
33706**

10. Name and Address of New Registered Agent

81 Name
Ramon Carrion, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
28100 U.S. 19 North, Suite 502

83

84 City
Clearwater

85 Zip Code
FL 34621

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent, if not the corporation

(NOTE: Registered Agent signature required when first filing)

4-18-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	TOMASSI, ROSE	
STREET ADDRESS	480-82ND AVE	
CITY-ST-ZIP	ST PETER. BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TOMASSI, JOANNE M	
STREET ADDRESS	480-82ND AVE	
CITY-ST-ZIP	ST PETER. BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Astrid Helene Elisabeth Quiquine	
1.3 STREET ADDRESS	1095 2nd Street E., Apt. A	
1.4 CITY-ST-ZIP	Treasure Island, Florida 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Secretary, Treasurer	
2.2 NAME	Epiphane Maximin Quiquine	
2.3 STREET ADDRESS	11095 2nd Street E., Apt. A	
2.4 CITY-ST-ZIP	Treasure Island, Florida 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
DATE

813-799-9855
Daytime Phone #

CR2E034 (12/95)