FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)854875 GONRE CORP. Principal Place of Business Mailing Address 7500 NW 59TH AVE 7500 NW 69TH AVE MEDLEY FL 33166 MEDLEY FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1982 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 98-0056561 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intaggible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **GONZALES: PRISCILLA** YED 7500 NW 69TH AVE Box Number 82 MEDLEY EL 33166. 83 11. Pursuant to the provisions of Sectlons 607.0502 and 607.1508, Fiorida 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 famillar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Change Addition GONZALEZ, PRISCILLA NAME 1.2 NAME 7500 NW 69TH AVE STREET ADDRESS 1.3 STREET ADDRESS MEDLEY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP SID /VICE Prosident DELETE TITLE 2.1 TITLE Change Addition GONZALEZ, REYNALDO NAME 2.2 NAME 7500 NW 69TH AVE STREET ADDRESS 2.3 STREET ADDRESS MEDLEY FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE T//> DELETE Change 3 1 TITLE Addition GONZALEZ, JOSE E NAME 3.2 NAME

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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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7500 NW 69TH AVE

MEDLEY FL

HEQUIRED

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Change

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