

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # F23879

(2)

1. Corporation Name:

GAMONTE, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**85 GRAND CANAL DRIVE, SUITE 202
MIAMI FL 33144-9666**

Mailing Address

**85 GRAND CANAL DRIVE, SUITE 202
MIAMI FL 33144-9666**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1981

3a. Date of Last Report
03/18/1994

4. FBI Number
59-2082380

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**

6. This corporation has liability for intangible tax under S. 193.022,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21 **5201 Blue Lagoon Drive**

Suite, Apt. #, etc

22 **Suite 570**

City & State

23 **Miami, Florida**

Zip

24 **33126**

25 **USA**

2a. Mailing Address

26 **5201 Blue Lagoon Drive**

Suite, Apt. #, etc

27 **Suite 570**

City & State

28 **Miami, Florida**

Zip

29 **33126**

30 **USA**

9. Name and Address of Current Registered Agent

**MONTEGRO, GABRIEL E JR
1555 SAN RAFAEL AVE
CORAL GABLES FL 33134-3241**

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 of current registered agent and the stockholder)

(Signature of Registered Agent, signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTEGRO, GABRIEL
STREET ADDRESS	7A AVE N #4126
CITY, ST, ZIP	SAN SALVADOR-EL SALV
TITLE	VSD
NAME	MONTEGRO, GABRIEL E JR
STREET ADDRESS	1555 SAN RAFAEL AVE
CITY, ST, ZIP	CORAL GABLES, FL 00000
TITLE	VD
NAME	MONTEGRO, FERNANDO
STREET ADDRESS	7A AVE N #4126
CITY, ST, ZIP	SAN SALVADOR-EL SALV
TITLE	SD
NAME	MONTEGRO, J.E. (ASST)
STREET ADDRESS	7A AVE N #4126
CITY, ST, ZIP	SAN SALVADOR-EL SALV
TITLE	TD
NAME	MONTEGRO, RICARDO
STREET ADDRESS	7A AVE N #4126
CITY, ST, ZIP	SAN SALVADOR-EL SALV
TITLE	TD
NAME	MONTEGRO, R.A. (ASST)
STREET ADDRESS	7A AVE N #4126
CITY, ST, ZIP	SAN SALVADOR-EL SALV

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 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)(a), 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 and typed or printed name of signing officer or director)

GABRIEL E. MONTEGRO JR

04-27-95

(305) 244-1038