

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 # F23879 (2)

1. Corporation Name  
GAMONTE, INC.



Principal Place of Business

5201 BLUE LAGOON DR  
STE 570  
MIAMI FL 33126  
US

Mailing Address

5201 BLUE LAGOON DR  
STE 570  
MIAMI FL 33126  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/16/1981

3a. Date of Last Report  
05/01/1995

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

MONTENEGRO, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD  
MONTENEGRO, GABRIEL  
7A AVE N #4126  
SAN SALVADOR-EL SALV

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VSD  
MONTENEGRO, GABRIEL E JR  
1555 SAN RAFAEL AVE  
CORAL GABLES, FL 00000

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD  
MONTENEGRO, FERNANDO  
7A AVE N #4126  
SAN SALVADOR-EL SALV

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

SD  
MONTENEGRO, J.E. (ASST)  
7A AVE N #4126  
SAN SALVADOR-EL SALV

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TD  
MONTENEGRO, RICARDO  
7A AVE N #4126  
SAN SALVADOR-EL SALV

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TD  
MONTENEGRO, R.A. (ASST)  
7A AVE N #4126  
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996 (305) 266-1038

CR2E034 (12/95)