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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F32606 1. Corporation Name

GILBERTO GARCIA TUNON, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90033 031 ***158.75



Principal Pace of Business Mailing Address % GILBERTO TUNON % GILBERTO TUNON 7575 SW 60TH STREET 7575 SW 60TH STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33143 MIAMI FL 30143 3. Date Incorporated or Qualifed 04/29/1981 4. FEI Ni mber Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2165191 26 21 \$8.75 Additional Suite, Act. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Cour try Zip 8. This corporation owes the current year intangible Zip I]No Persor al Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TUNON, CARMEN Street Acdress (P.O. Box Number is Not Acceptable) 82 7575 SW 60TH STREET **MIAMI FL 33143** 83 84 City 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 nuthorized by the corporation's board of circutors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Umen Menta SIGNATURE Signature, typed or printed name of registered agent and title if applicable R2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE TITLE 1.2 NAME TUNON, CARMEN NAME 1,3 STREET ADDRESS 7575 SW 60TH ST. STREET ADORE 3S 1.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRE IS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDREGS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP-☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-219 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 cortify 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, with all other like empowered.

SIGNATURE: 4

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