ANNI	PROFIT PORATION DAL REPORT 1996		DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DN OF CORPORATIONS		
DOCU 1. Corporation	MENT # <b>F562</b>	293 (6	5)		
CABIN	ETS BY GOMEZ, INC.			! ! Inflight that belief fills fille have	O ANN BARN BARN BARN BARN BARN BARN BARN
Principal Place	of Business	Mailing Address			
3532 NW 10 OAKRLAND US	TH AVE. PARK FL 33309-2902	3532 NW 10TH OAKLAND PARK US		Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	ace of Business		77. 14. 1	11/25/1981	02/14/1995
21 Thicipal F	ace of business	2a. Maifing Addres	18	4. FEI Number 59-2153931	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, €	vic.	Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
<b>23</b> Zip	Country	28	Country	Trust f und Contribution  8. This corporation has liability for	Added to Fees
24	25 9. Name and Address of Cui	29	30	Florida Statutes 💟 Yes	□No
GOME		rrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
"OINEZ;	CARLOS		82 Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
	W 10TH AVE. ID PARK FL 33309		83		
			84 City		<b>85</b> Zip Code
					-
11. Pursuant t	the provisions of Sections 607.0	502 and 607,1508, Florida 9	Statutes, the above-named com-	poration submite this statement for the num	FL 189 Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0 ad agent, or both, in the State of F h, and accept the obligations of, S	502 and 607.1508, Florida S Iorida. Such change was au Section 607.0505, Florida Sta	Statutes, the above-named corp thorized by the corporation's be atutes.	poration submits this statement for the pur poard of directors, i hereby accept the appo	
familiar wit	o the provisions of Sections 607.0 ad agent, or both, in the State of Fh, and accept the obligations of, Sections, type of the obligations of the section of	Section 607.0505, Florida Sta	atutes.	oard of directors, tribreby accept the appo	pose of changing its registered office ointment as registered agent. I am
familiar wit SIGNATURE:	h, and accept the obligations of, S Sprataru, type for printed name of registered a OF HCERS	Section 607.0505, Florida Sta agairt and talle of a phicable AND DIRECTORS	(NOTE Registered Agont signature req.	oard of directors, tribreby accept the appo	pose of changing its registered office pintment as registered agent. I am
familiär wit	h, and accept the obligations of, S Sprature, typart or printed name of registered a	Section 607.0505, Florida Sta gard and tille dapplicable	(NOTE Fugishered Agent signature req.   13.   1 1 TITLE	and of directors. This eby accept the appoint	pose of changing its registered office pintment as registered agent. I am
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