

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F67664** (5)

1. Corporation Name  
**G M E CORPORATION**



Principal Place of Business: 1375 NW 97TH AVENUE, SUITE 10, BOX 621, MIAMI FL 33172-2855  
Mailing Address: 1375 NW 97TH AVENUE, SUITE 10, BOX 621, MIAMI FL 33172-2855

3. Date Incorporated or Qualified: **02/10/1982**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **59-2167212**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENDIGUTIA, FERNANDO C**  
**1525 SW 18 STREET**  
**SUITE 10, BOX 621**  
**MIAMI FL 33145**

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 607.1506, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PDT**  DELETE  
NAME: **MORALES, CONSUELO M.**  
STREET ADDRESS: **1375 NW 97TH AVENUE, SUITE 10, #621**  
CITY-ST-ZIP: **MIAMI FL 33172-2855**  
TITLE: **VSD**  DELETE  
NAME: **MORALES, JUAN PABLO**  
STREET ADDRESS: **1375 NW 97TH AVENUE, SUITE 10, #621**  
CITY-ST-ZIP: **MIAMI FL 33172-2855**  
TITLE: **D**  DELETE  
NAME: **MORALES, GUILLERMO**  
STREET ADDRESS: **1375 NW 97TH AVENUE, SUITE 10, #621**  
CITY-ST-ZIP: **MIAMI FL 33172-2855**  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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]* **CONSUELO MORALES** president Date: **2/06/96** (305) 854-7987 Daytime Phone #

CR2E034 (12/95)