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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(0)

1. Corporation	MENT# GUZO Pame ERVICES, INC.	21 (2)					
Principal Place	of Business	Mailing Address					Į!
19315 WOODLANDS LANE HUNTINGTON BEACH CA 92648		19315 WOODLANDS LANE HUNTINGTON BEACH CA 92648					
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1982 05/01/1995	_
2. Principal Pla	ice of Business	2a. Mailing Address	├			4. FEI Number Applied For	
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.				\$8.75 Additional	le
22		27				5. Certificate of Status Desired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip				Country		8. This corporation has liability for intangible tax under s 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	5. (talle 2112 2100 01 0 0110	Trogratored Agent		B1	Name	To. Name and Address of New neglistered Agent	-
ZALDUI	MBIDE, ANTONIO		ļ.	82	Street Ad	et Address (P.O. Box Number is Not Acceptable)	
	.W. 2ND ST.						
BOCA I	RATON FL 33432		'	B3			
			1	84	City	FL 85 Zip Code	
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authorizer	s, the abov d by the co	e-nai orpor	med corporation's bo	oration submits this statement for the purpose of changing its registered off aard of directors. I hereby accept the appointment as registered agent. I am	ice
SIGNATURE _		The second secon					
12.	Signature typed or printed name of registered ager OFFICERS Al	nt and little it applicable (NO1) ND DIRECTORS	13.	igan; s	ignature requi	ored when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.110	LE	1	President Transpe Addition	n
NAME	ZALDUMBIDE, ANTONIO		1.2 NAN	ΝE	2	Zaldumbide,Antonio (ADDRESS ONL)	<i>t</i>)
STREET ADDRESS	1351 S.W. 2ND ST.	DOCA BATON EL				19315 Woodlands Lane Huntington Beach,California 92648	- }
CITY-ST-ZIP TITLE		1708		2 4 100 5		Est Change	\dashv
NAME	ZALDUMBIDE, ANA MARIE			V		Vice President, Sec. A Change A Adonou Zaldumbide, Ana Maria	<u> </u>
STREET ADDRESS	1351 S.W. 2ND ST.			23 STREET ADDRESS 19		19315 Woodlands Lane	1
CITY-ST-ZIP	BOCA RATON FL		2.4 C/T)			Huntington Beach, California 92648	
TITLE		DELETE	3 1 111			☐ Change ☐ Addition	٦
NAME STREET ADDRESS			32 NAME 33 STREE		Donree		
CITY-ST-ZIP			34 City				
TITLE		DELETE	4 1 TIT			☐ Change ☐ Addition	n
NAME			4 2 NAME				
STREET ADDRESS			4 3 STR	EET AC	ODRESS		-
CITY - S1 - ZIP			4.4 CITY-		ZIP		_
TITLE		DELETE	5 1 TIT			Change Addition	ו
NAME CIRCLE ADODESC			5.2 NAME		NAME OF		
STREET ADORESS CITY-ST-ZIP				3 STREET ADDRESS 4 CITY-ST-ZIP			
TITLE				1 TITLE		☐ Change ☐ Addition	<u></u>
NAME				2 NAME		- Sanda - Manna	
STREET ADDRESS			6.3 STR		DRESS		
CITY-ST-ZIP				Y-ST-			

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 oats; 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 chapted, or on an attachment with an address.

SIGNATURE:

April 15, 1996 (714) 898-6795