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FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G07680 (3)
1. Corporation Name
G & G DIRECTORS, INC.



Principal Place of Business
53 CURTISS PARKWAY
MIAMI SPRINGS FL 33166
US

Mailing Address
53 CURTISS PARKWAY
MIAMI SPRINGS FL 33166-5218
US

53 Curtiss Parkway Same

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 Miami Springs 27 City & State

23 Florida 28 City & State

24 33166 25 Dade 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

KOMURKA, GINA
59 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Gina Komurka

GINA KOMURKA

6-9-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME CARSON, GAYLE
STREET ADDRESS 2957 FLAMINGO DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE PSD ☐ DELETE

NAME KOMURKA, GINA
STREET ADDRESS 11180 LAKEVIEW N. DR
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE

NAME BASS, RAYMOND
STREET ADDRESS 6334 AVENIDA WILFREDO
CITY-ST-ZIP LA JOLLA CA

TITLE VD ☐ DELETE

NAME DE VECHT, NORMAN
STREET ADDRESS 2957 FLAMINGO DR
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

900002213919
-06/17/97-01002-034
***165.00

14. I do 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 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 GINA KOMURKA 6-9-97 (205) 982-0159

CR2E034 (9/96)