## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place 4810 NW 167TH MIAMI FL 33014



FLORIDA DEFARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # G31737

G. S. C. & ASSOCIATES, INC.

(1)

## FILED Feb 18 1997 8:00am Secretary of State

of Business	Mailing Address	
ST	4810 NW 167TH ST Miami FL 33014-6426 US	
		3. Date Incorporated or Qualified 04/05/1983 04/17/1996

2. Principal F	lace of Business	28. Mailing Address			4. FEI Number	Applied For		
21		26			59-2577248	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	······································	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	v	8. This corporation has liability for intangible to			
24	25	29	30	•	Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A			
COX, GUY S						F		
4810 NW 187TH ST			-					
STE. 40			8	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33173			8	3				
171W W	MI 12 00110							
I			8-	City	FL	85 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 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	Signature, typod or pertied name of regi	stered agent and trie Lappricable. (N	OTE Registered A	gent signature rec	quired when reinstating) DATE			
12.	OFFICE	RS AND DIRECTORS	13.	****	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1 1 TITLE			Change Addition		
NAME	COX, GUY S		1.2 NAME					
STREET ADDRESS	4810 N.W. 167TH ST.		1.3 STRE	T ADDRESS				
CITY-ST-7IP	MIAMI FL 33014		1.4 CiTY-	SY-ZIP				
TITLE		DELETE	2 1 T‡TLE			Change Addition		
NAME			22 NAMI	.				
STREET ADDRESS			2.3 STRE	T ADDRESS				
CITY - ST - ZIP			2 4 CITY	-ST-7IP				
TITLE		☐ DELETE	3.1 TITLE			ChangeAddition		
NAMÉ			3.2 NAMI					
STREET ADDRESS			3.3 STRE	T ADDRESS				
CITY-ST-ZiP			3.4. CITY					
TillE		DELETE .	4.1 TITLE			Change Addition		
NAME			4.2 NAM	E !		-		
STREET ADDRESS			li li	T ADDRESS				
CITY - ST - ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			Change Addition		
NAME			5.2 NAMI		_			
STREET ADDRESS				T ADDRESS				
CITY - S1 - ZIP			5.4 CITY					
Title		DELETE	6.1 TITLE			Change Addition		
NAME		<del></del>	6.2 NAMI			-		
STREET ADDRESS				ET ADORESS				
arnet i ADDMESS	l .		0.33162	י אטטחכסס				

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:

ATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR CHECK

OLONG B. LIX

2-12-17

305-624-111

Daytime Phone #