

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G31898**

1. Corporation Name
GOMES AMERICA, INC.

Principal Place of Business
C/O MARIA S. WILKIE, C.P.A.
800 CHAPEL HILL BLVD.
BOYNTON BEACH FL 33435

Mailing Address
C/O MARIA S. WILKIE, C.P.A.
800 CHAPEL HILL BLVD.
BOYNTON BEACH FL 33435

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90067 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1983

FEI Number

59-2326716

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 618 Support Financial Ltd.
7225 NW 25 Street

2a. Mailing Address

26 618 Support Financial Ltd.
7225 NW 25 Street

Suite, Apt. #, etc.

22 Suite #205

Suite, Apt. #, etc.

27 Suite #205

City & State

23 Miami Florida

City & State

28 Miami Florida

Zip

24 33122

Country

25 USA

Zip

29 33122

Country

30 USA

9. Name and Address of Current Registered Agent

DIX, KENNETH M.
1388 NW 2ND AVE
SUITE 4-A
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

John R. White

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

7225 N.W. 25 Street

83

Suite #205

84 City

Miami

FL

85 Zip Code

33122

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GOMES, MARIO RICARDO F**
STREET ADDRESS **RUA 24 DE MAIO 38-CENTRO**
CITY-ST-ZIP **BRAZIL, S AMERICA 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-594-2004

CR2E034 (11/98)

0178117