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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mohtam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G85908

(3)

G. B. I. G. CORPORATION

Principal Place of Business Mailing Address

## **FILED** Jun 05 1997 8:00am Secretary of State



7280 S.W. 135TH TERRACE MIAMI FL 83156				7280 S.W. 135TH TERRACE MIAMI FL 33156-6858											
								I	3. Date the three points of Last Report 02/17/1984 04/10/1996					port	
2. Principal Place of Business				28. Mailing Address				1	Number	•	1	Ť	$\overline{}$	olied For	]
21				26				5						Applicable	_
Suite, Apt. #, etc.				Suite, Apt. #, etc.			<b>5.</b> Cer	tificate of Status Desir	ed		\$8.75 Additional Fee Required				
City & State 23				City & State					ction Campaign Financ st Fund Contribution	cing	\$5.00 May Be Added to Fees				
Zip 24	Country 25			Zip	Zip Country			<b>8.</b> This corporation has hability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No							
	9, Name a	nd Address of Cu	rrent Regis	stered Agent				10, Na	me and Address of N	ew Reg	Istered A	gent			_
, GOI	RDON, M. M	ITCHELL				81	Name								1
7280 SW 135 TER MIAMI FL 33156						82	Street A	Address (P.O. Box Number is Not Acceptable)					······	1	
, MIC	mi pe 99 190	1				83	<u>.</u>								1
						84	City				FL	85	Zip C	ode	1
office or r agent. I a SIGNATURE	m amiliar with	nt, or both, in the S	Digations o	if, Section 607.0505	, Florida Sta	atutes	6	oration's board	bmits this statement for difference of directors. I hereby	accep	the appo	ointmer	ntas r	ogistered	
12.		OFFICERS	AND DIREC	CTORS	13.			ADD	ITIONS/CHANGES TO	OFFICI	ERS AND	DIREC	TORS	S IN 12	13
TITLE	PD			☐ DELETE	1.1	TILE			1			Cha	nge	☐ Addition	֓֞֞֞֞֞֞֞֞֞֞֞֞֓֓֓֓֓֞֞֞֜֞֞֓֓֓֓֓֓֞֞֞
NAME	GORDON,				1.2	AME									8
STREET ADDRESS							1.3 STREET ADDRESS								إ
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TITLE	OTO OCCORNO	M MITCHELL		☐ precit	H	ITLE						∐ Cha	nye		1`
NAME STREET ADDRESS	GORDON, M. MITCHELL ss 7280 SW 135 TERR						2.2 NAME 2.3 STREET ADDRESS								
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STREET ADDRESS					3.3	STREET	ADDRESS								
CITY-ST-ZIP					3.4	CITY-S	ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		······					╛
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STREET ADDRESS					6.3	STREET	ADDRESS								
CITY-ST-ZIP	<u></u>				6.4	HY-S	1- ZIP								

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 eath; 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.