

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90167 038 ***150.00

DOCUMENT # H25899

1. Corporation Name

GERSAN & ASSOCIATES, INC.

Principal Place of Business

1627 BRICKELL AVENUE, #804
MIAMI FL 33129-1248
US

Mailing Address

1627 BRICKELL AVENUE, #804
MIAMI FL 33129-1248
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1984

4. FEI Number

65-0029560

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 15127 SW 81 ST.

Suite, Apt. #, etc.

22 201

City & State

23 MIAMI, FL

Zip

24 33193

Country

25

2a. Mailing Address

26 15127 SW 81 ST.

Suite, Apt. #, etc.

27 201

City & State

28 MIAMI, FL

Zip

29 33193-3127

Country

9. Name and Address of Current Registered Agent

ZURITA, GERSAN
1627 BRICKELL AVE. #804
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0002 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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZURITA, GERSAN
STREET ADDRESS 1627 BRICKELL AVE. #804
CITY-ST-ZIP MIAMI FL

TITLE VS ☐ DELETE

NAME ZURITA, MARIA M.
STREET ADDRESS 1627 BRICKELL AVE. #804
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME ZURITA, GERSAN
1.3 STREET ADDRESS 15127 SW 81 ST #201
1.4 CITY-ST-ZIP MIAMI, FL 33193-3127

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME ZURITA, MARIA M.
2.3 STREET ADDRESS 15127 SW 81 ST #201
2.4 CITY-ST-ZIP MIAMI FL 33193-3127

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)