

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90199 020 ***150.00

DOCUMENT # H81084

1. Corporation Name
GFY, INC.

Principal Place of Business
C/O GONZALO F. YANEZ
7100 W 20 AVE #401
HIALEAH FL 33016

Mailing Address
C/O GONZALO F. YANEZ
7100 W 20 AVE #401
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1985

4. FEI Number
59-2589804

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 7765 SW 87 Ave.

2a. Mailing Address
26 7765 S.W. 87 Ave.

Suite, Apt. #, etc.
22 Suite # 120

Suite, Apt. #, etc.
27 Suite # 120

City & State
23 MIAMI, FLORIDA

City & State
28 MIAMI, FLORIDA

Zip
24 33173

Country
25 USA

Zip
29 33173

Country
30 USA

9. Name and Address of Current Registered Agent

YANEZ, GONZALO F.
7100 W 20 AVE #401
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name
YANEZ, GONZALO F.
82 Street Address (P.O. Box Number is Not Acceptable)
7765 SW 87 Ave.
83 Suite # 120
84 City
MIAMI FL 85 Zip Code
33173

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

2/3/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	YANEZ, GONZALO F. M.D.	7100 W 20 AVE #401	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2/3/99

305 279-7001

Date

Daytime Phone #

CR2E034 (1/98)