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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

J50504

(6)

G T ENTERPRISES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i itailist tiel digit edibi biiti beili bidi		
150 SE 25 SUITE PHF MIAMI FL 3		150 SE 25 ROAD Suite Phf Miami Fl 33129	Suite Phf			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 12/29/1986		
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				<u>59-2747724</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & Stat	Θ	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Žip	Country	Zip		Country		B. This corporation owes or has paid		
24	25 9. Name and Address of Cur	rent Peristand Arient	30	L		Personal Property Tax due June 30 10. Name and Address of New Regis		∐ No
		ient negistareo Agent	8	1 Nar		IO. Name and Address of New Regis	Refeu Agent	
	ERREROS, GUY			· Non				
	50 \$E 25 RD, STE. PHF IIAMI FL 33129		В		et Address	ress (P.O. Box Number is Not Acceptable)		
			8	<u></u>				70
			8	4 City	Y		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, typicd or printed rules of recycle red agent and title drapplicable (NOT). Registered Agent signature required when reinstating) DATE								
12.		AND DIRECTORS	13.	igent signs	alure respireo w	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12
TITLE	P	DELETE	1.1 1170	·· · · ·		7.007/10/19/07/10/07	Cha	
NAME	TERREROS, GUY		1.2 NAM	1.2 NAME				
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NAME			2.2 NAM	F				ŀ
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CITY-ST-ZIP			2. 4 CITY	2. 4 CITY - ST - ZiP				
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NAME			3.2 NAM	Ì				
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STREET ADDRESS				: Et addre:	:00			
CITY-ST-ZIP	•		5.4 City		~			
TITLE		DELETE	6.1 TITLE		-+		Cha	nge Addition
NAME			6.2 NAME				<u></u>	
STREET ADDRESS				- Et adores	ss			
CITY-ST-ZIP			6.4 CITY		~			
	certify that the information supplied	with this filing does not qualif			tated in Sec	ction 119.07(3)(i), Florida Statutes. I fur	ther certify tha	it 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 port 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.