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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K20498

(7)

GAZEBO ORIGINALS, INC.									
Principal Place of Business Maining Address						(1001013) 010 F(01) 00111 01010 10101	1911 41911 9191	- 81011 91011	M1811 B1911 1981
MEDINA. CARLOS 3138 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US			3138 PONCE DE LEON BLVD. CORAL GABLES FL 33134			3. Date incorporated or Qualified			
D. Origaniani Dia	so of D. cionos	On Mailton Address				4. FEI Number		 -	Applied For
2. Principal Place of Business		2a. Mailing Address	٦ - "			05.0040300			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	SR 75 Additional		
2		27				5. Certificate o Status Desireo	<u></u>	Fee F	Required
City & State		City & State				6. Flection Campaign Financing			0 Мау Ве
3	Country	28	Cour	 Steve		Trust Fund Contribution 8. This corporation has liability for it			d to Fees
Zip 4	Country 25	29 Zip	30	шу		Florida Statutes Yes		under s	199.002,
<u> </u>	9. Name and Address of Currer	1;1	_1301 [10. Name and Address of New R		gent	
				81	Name				
MEDINA,	PABLO		ŀ	82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
9000 S.V	V. 56TH ST.								
miami fi	_ 33165			83					
			}	84	City			85 Zg	p Code
						ration submits this statement for the pur	FL	1	
familiär with SIGNATURE	id agent, or both, in the State of Flori and accept the obligations of, Section and accept the obligations of sections and accept the obligations of the section and accept the section acceptance and acceptance and acceptance and acceptance acceptance and acceptance acceptance and acceptance acceptance acceptance acceptance acceptance and acceptance acce	tion 607.0505, Florida Statutes	5.			and of directors. I heraby accept the appoint	DAIL	egistered	ragent, ram
12.	OFFICERS AN	D DIRECTORS	13.			ADD/TIONS/CHANGES TO OFF			
TITLE	D DEFEIF		1 5 11	ΙLF		Change Moddit o		Addition	
NAME	MEDINA, PABLO		1.2 NA						
STREET ADDRESS	9000 S.W. 56TH ST. MIAMI FL		1		ADDRESS				
CITY - ST - ZIP	D	DELETE	14 CI 2 1 TI		1 · ZIr		<u>-</u> -	7 Change	Addition
NAME	•	MEDINA, CARLOS, SR.		MŁ			_		_
STREET ADDRESS	3760 S W 26TH TERR		1		ADDRESS				
CHTY-ST-ZIP	MIAMI FL	2401	ry - S	I - ZIP					
TATLE	D	☐ DELETE	3 1 Tı	ll F			E.] Change	Addition
NAME	MEDINA, SILVIA N.		3.2 NA	ΜÉ					
STREET ADDRESS	9000 S.W. 56TH ST.		3 3 S	PREEL	ADDRESS				
CITY - ST - ZIP	MIAMI FL	ET DOLETE	3 4 CI		T - Z-P] Change	Addition
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NAME CTOCET ADDRESS			4 2 NA		ADDRESS				
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TITLE		DELETE	5 1 1		LH.			Change	☐ Addition
NAME		_	5 2 N	MME.					
STREEL ADDRESS			5381	REEL	ADDRESS				
CITY-ST-ZIP			5 4 01	IY-S	1 - 216				
TiTLE		DELETE	6.11	11LF				Change	Addition
NAME			62 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	condity that the information remailed	usth this fling is voluntarily for			SLZ:P	for the exemption stated in Section 119	07(3)(k) Elo	rida Statu	rtes. I further
certify that oath; that I	the information indicated on this and	nua' report or supplemental ani Ioration or the receiver or trusti	nua' report i ee enipowe	s tru	ue and accur	ate and that my signature shall have the his report as required by Chapter 607, Fi	same legal	enect as i	it made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIN OFFICER OR DIRECTOR

4- 74-96 30V-448-5833