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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K50996

(3)

GORDON & FERNANDEZ MANAGEMENT SERVICES, INC.

FILED May 13 1997 8:00am Secretary of State



Principal Place 8915 RED RD STE 204 CORAL GABLE		Mailing Address 6915 RED RD STE 204 CORAL GABLES FL 3314	6915 RED RD			3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1988 05/01/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	1 00/1		pplied For
21		26				65-0104085		<del>,</del>	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ıntry		This corporation has liability for			
24	25	29	30			Florida Statutes	Yes [	No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered /	gent	
	IDON, CLAIRE			81	Name	-			
	RED ROAD			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	TE 204 Val gables fl 33143			83	·····				
COI	INE CARPLEO I E SO 143			84	City			85 Zip	Code
						oration submits this statement for the	FL	1 1	
12. TITLE NAME STREET ADDRESS	PD GORDON, CLAIRE 7610 S.W. 82NO ST. #J210	D DIRECTORS  DELETE		AME Treet	ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR  Change	RS IN 12
CHY-SI-ZIP	MIAMI FL	DELETE	1.4 C 2.1 Ti		IT-ZIP			Change	Addition
THLE NAME		_ bttt	2.1 II					C Change	L. Hoomon
STREET ADORESS					ADDRESS				
CHY-ST-7P					SY-ZIP		<b>-</b>		
1:1LF		DELETE	311				······································	Change	Addition
NAME			32 N	AME					
STHEET ADDRESS			3.3 S	TREET	ADORESS				
CITY - S1 - ZiP		□ porette			ST-ZIP			Channe	Addition
TITLE		☐ DELETE	4.1 7					Change	Addition
NAME CARREL ADDRESS			4.21		ANNOCCO				
STREET ADDRESS  CITY-ST-ZIP					ADDRESS ST-ZIP				
TITLE		DELETE	5.1 T		71 (617			Change	Addition
NAME			5.2 N						
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY - ST - ZIF			5.4 C	ITY-S	ST-ZIP	a			
TITLE		☐ DELETE	6.1 T	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY - ST - 7IP		The second second			ST-ZIP	I in Section 119.07(3)(i). Florida Statut			

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.

SIGNATURE: