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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64863

(9)

GULLON IMPORTS, INC.

Principa! Place of Business Mailing Address % CARLOS VAZQUEZ % CARLOS VAZQUEZ 2901 NW 34TH ST. 2901 NW 34TH ST. MIAMI FL 33142-5217 MIAMI FL 33142-5217 3. Date Incorporated or Qualified 3a. Date of Last Report 02/10/1989 05/01/1996 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0106358 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAZQUEZ, CARLOS 12041 SW 40 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** 83 City 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, typed or printed name of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. SD Change TITLE DELETE 1.1 TITLE Addition VAZQUEZ, ALIDA NAME 12 NAME 12041 SW 40 ST 1.3 STREET ADDRESS STREET ADORESS MIAMI FL CITY - ST - ZIF 1.4 CITY-ST-ZIP TD DELETE Change Addition THEF 2.1 TITLE **VAZQUEZ, CARLOS** 2.2 NAME 12041 SW 40 ST STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL** CITY-S1-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 N M F NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZP 5.4 CITY - ST - ZIP DELETE \_\_\_ Change Addition TITLE 61 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS

6/17-51-7P

14. To 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

01/25/97 Gos ) CD - 9696

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**FILED** 

Feb 03 1997 8:00am

Secretary of State