

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 430-96

B- 4864 C

DOCUMENT # **K67965** (9)

1. Corporation Name

**THE GOOD SIX, INC.**



Principal Place of Business

Mailing Address

2469 NW 21 TERR  
MIAMI FL 33142  
US

2469 NW 21 TERR  
MIAMI FL 33142  
US

3. Date Incorporated or Qualified  
**02/23/1989**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**65-0110896**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVAREZ, ALDO**  
**2469 NW 21ST TERR**  
**MIAMI FL 33142**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DT**  
STREET ADDRESS **ALVAREZ, ALDO**  
CITY-ST-ZIP **2469 N.W. 21ST. TERR.**  
**MIAMI FL**

1.1 TITLE **President**  Change:  Addition  
1.2 NAME **RAFAEL ALVAREZ**  
1.3 STREET ADDRESS **2469 N.W. 21 Terr.**  
1.4 CITY-ST-ZIP **Miami, Fla., 33142**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **Secretary**  Change:  Addition  
2.2 NAME **GERARDO ALVAREZ**  
2.3 STREET ADDRESS **2469 N.W. 21 Terrace**  
2.4 CITY-ST-ZIP **Miami, Fla.,**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE **Treasurer**  Change:  Addition  
3.2 NAME **ALDO ALVAREZ**  
3.3 STREET ADDRESS **2469 N.W. 21 Terrace**  
3.4 CITY-ST-ZIP **Miami, Fla. 33142**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change:  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change:  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change:  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aldo Alvarez** TREASURER 4 24-96 305-6345251

Date

Daytime Phone #

Bank deposit \$200.00

CR2E034 (12/95)