

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: **2469 NW 21 TERR MIAMI FL 33142 US**
Mailing Address: **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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0110896**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ALDO	
STREET ADDRESS	2469 N.W. 21ST. TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	RAFAEL ALVAREZ	
1.3 STREET ADDRESS	2469 N.W. 21 Terr.	
1.4 CITY-ST-ZIP	Miami, Fla. 33142	
2.1 TITLE	Secretary	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	GERARDO ALVAREZ	
2.3 STREET ADDRESS	2469 N.W. 21 Terrace	
2.4 CITY-ST-ZIP	Miami, Fla.	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	ALDO ALVAREZ	
3.3 STREET ADDRESS	2469 N.W. 21 Terrace	
3.4 CITY-ST-ZIP	Miami, Fla. 33142	
4.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> 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]* **Aldo Alvarez** TREASURER 4 24-96 305-6345251 *Bank deposit \$200.00*

CR2E034 (12/95)