

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K73057** (7)

1. Corporation Name

GELIANI ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**8246 N.W. 200 TERR
MIAMI FL 33015**

**8246 N.W. 200 TERR
MIAMI FL 33015**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**FERNANDEZ, GELIANI REINA
8246 N.W. 200 TERR
MIAMI FL 33015**

3. Date Incorporated or Qualified

03/16/1989

3a. Date of Last Report

04/24/1995

4. Fee Number

65-0176510

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

10. Name and Address of New Registered Agent

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 for public use in block letters (do not use initials)

Signature typed for public use in block letters (do not use initials)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FERNANDEZ, GELIANI REINA 8246 N W 200TH TERR MIAMI FL	☐ DELETE
12.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE
12.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE
12.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE
12.5 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE
12.6 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE

13.1 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	☐ Change ☐ Addition
13.2 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	☐ Change ☐ Addition
13.3 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	☐ Change ☐ Addition
13.4 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	☐ Change ☐ Addition
13.5 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	☐ Change ☐ Addition
13.6 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	☐ Change ☐ Addition

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)(k), 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: *Geliani R. Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GELIANI R. FERNANDEZ

3/16/96 (305)
829-5412
Date Filed

CR2E034 (12/95)