

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K73057 (7)
1. Corporation Name
GELIANI ENTERPRISES, INC.



Principal Place of Business
8246 N.W. 200 TERR
MIAMI FL 33015

Mailing Address
8246 N.W. 200 TERR
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 15476 NW 77CT.	26 15476 NW 77CT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 # 511		27 # 511	
City & State		City & State	
23 Miami Lakes, FL		28 Miami Lakes	
Zip	County	Zip	County
24 33016	25 Dade	29 33016	30 Dade

3. Date Incorporated or Qualified

03/16/1989

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name GELIANI R. GIL
82 Street Address (P.O. Box Number is Not Acceptable)
15476 NW 77 CT
83 # 511
84 City MIAMI LAKES FL 85 Zip Code 33016

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

Geliani R. Gil

(NOTE: Registered Agent signature required when reinstating)

4/23/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	FERNANDEZ, GELIANI REINA	1.2 NAME	GELIANI R. GIL
STREET ADDRESS	8246 N W 200TH TERR	1.3 STREET ADDRESS	15476 NW 77 CT. #511
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33016
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appears in Block 12 or Block 13 or on an attachment with an address.

CR2E034 (10/97)