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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L19517

(6)

G.A.P. PRODUCTS CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 660641

P.O. BOX 660641

FILED 97 AUG -5 PH 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| MIAMI SPRING                                    | 3S FL 33266                                           |                                                                      | MIAMI S                                                        | MIAMI SPRINGS FL 33266-0641                              |                                       |                       |                                                |                                                                        |                                         |                                                    |                  |                                                |                                |
|-------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-----------------------|------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|------------------|------------------------------------------------|--------------------------------|
|                                                 |                                                       |                                                                      |                                                                |                                                          |                                       |                       |                                                | 3                                                                      | 3. Date Inc                             | orporated or Qualified                             |                  | ate of Last<br>/23/1996                        |                                |
| 2. Principal P                                  | lace of Busin                                         | 2a. Mail                                                             | 2a. Mailing Address                                            |                                                          |                                       |                       | 4                                              | 4. FEI Num                                                             |                                         |                                                    | Ā                | pplied For                                     |                                |
| 21                                              |                                                       | 26                                                                   |                                                                |                                                          |                                       |                       |                                                | <u>65-0</u>                                                            | 147315                                  |                                                    |                  | lot Applicable                                 |                                |
| Sulte, Apt.                                     | #, etc.                                               | Suite<br>27                                                          | Suite, Apt. #, etc.                                            |                                                          |                                       |                       | 6                                              | 5. Certifica                                                           | te of Status Desired                    |                                                    |                  | Additional<br>Required                         |                                |
| City & State                                    | te                                                    | City                                                                 | City & State                                                   |                                                          |                                       |                       | 6                                              | 6. Election                                                            | Campaign Financing                      |                                                    | \$5.00           | May Be                                         |                                |
| 23                                              |                                                       | 28                                                                   |                                                                |                                                          |                                       |                       | <u> </u>                                       | Trust Fu                                                               | nd Contribution                         | X                                                  |                  | to Fees                                        |                                |
| Zιρ                                             | F-1                                                   |                                                                      |                                                                |                                                          |                                       | untry                 |                                                | 8. This corporation has liability for intangible tax under s. 199.032, |                                         |                                                    |                  |                                                | s. 199.032,                    |
| 24                                              | A Name                                                | 25                                                                   |                                                                | 29 30                                                    |                                       |                       |                                                |                                                                        | Florida Statutes X Yes No               |                                                    |                  |                                                |                                |
| 9. Name and Address of Current Registered Agent |                                                       |                                                                      |                                                                |                                                          |                                       |                       | Mana                                           | 10. Name and Address of New Registered Agent                           |                                         |                                                    |                  |                                                |                                |
|                                                 | sada, gabi                                            |                                                                      |                                                                |                                                          |                                       | 81                    | Name                                           | •                                                                      | -                                       | •                                                  |                  |                                                |                                |
|                                                 | NW 87 AV                                              |                                                                      |                                                                |                                                          |                                       | Street                | et Address (P.O. Box Number is Not Acceptable) |                                                                        |                                         |                                                    |                  |                                                |                                |
| MIA                                             | MI FL 3317                                            |                                                                      |                                                                |                                                          |                                       |                       |                                                |                                                                        | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |                                                    |                  |                                                |                                |
|                                                 |                                                       |                                                                      |                                                                |                                                          |                                       | 83                    |                                                |                                                                        |                                         |                                                    |                  |                                                |                                |
| ,                                               |                                                       |                                                                      |                                                                |                                                          |                                       | 84                    | City                                           |                                                                        |                                         |                                                    | FL               | <b>85</b> Zip                                  | Code                           |
| 11. Pursuant office or ragent. I a              | to the provision<br>registered ago<br>im familiar wit | ons of Sections 607<br>ent, or both, in the S<br>h, and accept the o | .0502 and 607.15<br>State of Florida. Su<br>bligations of, Sec | 08, Florida Statu<br>uch change was<br>tion 607.0505, Fl | les, the a<br>authorize<br>lorida Sta | bove<br>d by<br>lutes | named<br>the cor                               | d corporati<br>rporation's                                             | ion submits<br>board of c               | this statement for the<br>directors. I hereby acco | purpose o        | of changing<br>pointment a                     | its registered<br>s registered |
| SIGNATURE                                       | Signature, typed o                                    | or printed name of registers                                         | d agent and litle if applic                                    | cable (NO                                                | I£ Registere                          | d Age                 | nt signature                                   | e required who                                                         | en reinstating)                         |                                                    | DATE             |                                                |                                |
| 12.                                             |                                                       | OFFICERS                                                             | AND DIRECTOR                                                   | S                                                        | 13.                                   |                       |                                                |                                                                        | ADDITION                                | S/CHANGES TO OFF                                   | CERS AND         | DIRECTO                                        | RS IN 12                       |
| ŦITLE                                           | PD                                                    |                                                                      |                                                                | DELETE                                                   | 1.1 TI                                | TLF                   |                                                | PD                                                                     |                                         | 1 2 4                                              | ·                | X Change                                       | Addition                       |
| NAME                                            |                                                       | Gabriel A                                                            |                                                                |                                                          | 1.2 N                                 | AME                   |                                                | POSAC                                                                  | da, (da                                 | briel A                                            |                  |                                                |                                |
| STREET ADDRESS                                  |                                                       | 104TH COURT                                                          |                                                                |                                                          | 1.3 \$                                | TREET                 | address                                        | 1061                                                                   | SW 10                                   | briel A.<br>04 Court<br>ROD 33174                  |                  |                                                |                                |
| CITY-ST-ZIP                                     | Miami Fl                                              |                                                                      |                                                                |                                                          | 1.4 C                                 | TY - \$1              | I - ZIP                                        | min                                                                    | ni, Ro                                  | KIOA 33174                                         |                  |                                                |                                |
| TITLE                                           | STD                                                   |                                                                      |                                                                | DELETE                                                   | 2.1 1                                 | †L£                   |                                                | STA                                                                    |                                         |                                                    |                  | <b>⊠</b> Change                                | Addition                       |
| NAME                                            | Posada,                                               |                                                                      |                                                                |                                                          | 2.2 N                                 | AME                   |                                                | POSAC                                                                  | JA, LU                                  | Z H.                                               |                  |                                                |                                |
| STREET ADDRESS                                  |                                                       | 104TH COURT                                                          |                                                                | •                                                        | 2.3 S                                 | REET                  | ADDRESS                                        | 10013                                                                  | 500 10                                  | 1 A.<br>4 COURT                                    |                  |                                                |                                |
| CITY-ST-ZIP                                     | MIAMI FL                                              |                                                                      |                                                                | :                                                        | 2.40                                  | ITY-S                 | T-ZIP                                          | min                                                                    | $mi\mathcal{A}$                         | 33174                                              |                  |                                                |                                |
| TITLE                                           |                                                       |                                                                      |                                                                | DELETE                                                   | 3.1 TI                                | TLE                   |                                                |                                                                        |                                         |                                                    |                  | Change                                         | ☐ Addition                     |
| NAME                                            |                                                       |                                                                      |                                                                |                                                          | 3.2 N                                 | AME                   | -4 1                                           | ]                                                                      |                                         |                                                    |                  |                                                |                                |
| STREET ADDRESS                                  |                                                       |                                                                      |                                                                |                                                          | 3.3 S1                                | TREET                 | ADDRESS                                        |                                                                        | I,                                      | :SOOOO:<br>90/80-                                  |                  | KE FLA                                         |                                |
| CITY-ST-ZIP                                     |                                                       |                                                                      |                                                                |                                                          | 3.4. C                                | ITY-S                 | T-ZIP                                          |                                                                        |                                         | ~U <b>3</b> /U3                                    | /3/~~t           | リナガリー。<br>************************************ | บบว                            |
| TITLE                                           |                                                       |                                                                      |                                                                | DELETE                                                   | 4.1 Ti                                | TLE                   | ,                                              | 1                                                                      |                                         | 赤水水水1-                                             | 10.00            | Change                                         | 70 Melion                      |
| NAME 7                                          |                                                       |                                                                      |                                                                |                                                          | 4. 2 N                                | IAME                  |                                                |                                                                        |                                         |                                                    |                  |                                                |                                |
| STREET AD RESS                                  |                                                       |                                                                      |                                                                |                                                          | 4.3 S1                                | REET .                | address                                        |                                                                        |                                         |                                                    |                  |                                                |                                |
| CITY-ST- IP                                     |                                                       |                                                                      |                                                                |                                                          | 4.4 CI                                | TY-ST                 | - ZIP                                          |                                                                        |                                         |                                                    |                  |                                                |                                |
| TITLE                                           |                                                       |                                                                      |                                                                | DELETE                                                   | 5.1 TI                                | TLE                   |                                                |                                                                        |                                         |                                                    |                  | Change                                         | Addition                       |
| NAME                                            |                                                       |                                                                      |                                                                |                                                          | 5.2 N/                                | AME                   |                                                |                                                                        |                                         |                                                    |                  |                                                |                                |
| STREET ADDRESS                                  |                                                       |                                                                      |                                                                | •                                                        | 5.3 ST                                | REE1                  | ADDRESS                                        |                                                                        |                                         |                                                    |                  |                                                |                                |
| CITY-ST-ZIP                                     |                                                       |                                                                      |                                                                |                                                          | 5.4 CI                                | TY-\$1                | - ZIP                                          |                                                                        |                                         |                                                    |                  |                                                |                                |
| TITLE                                           |                                                       |                                                                      |                                                                | DELETE                                                   | 6.1 TI                                |                       | -                                              |                                                                        | ,                                       |                                                    | W                | Change                                         | ☐ Addition                     |
| NAME                                            |                                                       |                                                                      |                                                                |                                                          | 6.2 NA                                | AME                   |                                                |                                                                        |                                         |                                                    | \ <i>'\</i> }) _ | $\alpha$                                       |                                |
| STREET ADDRESS                                  |                                                       |                                                                      |                                                                |                                                          | 6.3 ST                                | REET                  | ADDRESS                                        |                                                                        |                                         |                                                    | 6/               | ו וערן                                         |                                |
| CITY-ST-7IP                                     |                                                       |                                                                      |                                                                |                                                          |                                       | TV. ČT                |                                                |                                                                        |                                         |                                                    | δ΄               | •                                              |                                |

64 CITY-51-ZIP

14. I do 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 followed appears in Block 12 or Block 13 if changed or or have alternatively with an address.

2012

## Ocariz, Gitlin & Zomerfeld, LLP

CAPITAL BANK BUILDING 2151 LEJEUNE RD. SUITE 312, CORAL GABLES, FLORIDA 33134 TELEPHONE (305) 444-8288 - FACSIMILE (305) 444-8280

July 30, 1997

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

G.A.P. Products Corporation

FEI# 65-0147315

## Gentlemen:

Enclosed please find the above corporation's Annual Report for 1997 with a check in the amount of \$170.00 made payable to your department.

At this time the officers for the above corporation are aware that they are sending their payment and annual report after May 1, 1997, but there has been some extreme circumstances that have caused our clients to be late. The officers of the corporation have been out of the country for the past six months. They just realized the application for the Corporation Annual Report was sitting in their mail. During this time period Mr. & Mrs. Posada had no one to help them with the matters pertaining to their corporation. The office, where their company is located, was closed all along and there was no one to respond or even make the company's mail accessible to Mr. & Mrs. Posada.

The officers have requested that we write this letter to explain to your department the reasons why they have sent the corporation's annual report after May 1, 1997. The officers are very concerned at this time with the fact that their corporation may not be active and also with the penalty amount of \$385.00.

Due to the above circumstances we are requesting if your department could please abate the penalties. Thanking your department in advance for your cooperation and if you have any questions please do not hesitate to contact our offices.

Respectfully,

GITLIN & ZOMERFELD, LLP

Beatriz Martin For the Firm