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

PROFIT
CORPORATION
ANNUAL REPORT
1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

GHEAST-OFF CORPORATION					
incipal Place of Business	Maling Address				
950 S.W. 104TH CT. APT. 102	950 S.W. 104TH CT. APT. 102	APT. 102			
MIAMI FL 33174 US	MIAMI FL 33174 US		3. Date Incorporated or Qualified 11/14/1989	3a. Date of Last Report 08/08/1995	
. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0165119	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
	28		Trust Fund Contribution 8. This corporation has liability for	Added to rees	
Zip Country 25	Ζιρ 29	Country 30	8. This corporation flas liability to	is No	
25 9. Name and Address of Curre		1901	10. Name and Address of New	Registered Agent	
CARRENO, JORGE 950 S.W. 104TH CT. APT. 102 MIAMI FL 33174	Mow address of Lore ASY Off	82 Street A 83 84 City	Address (P.O. Box Number is Not Accepted 9 10 S W 10000	FL 85 Zip Code 3318 4	
1. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above named co	rporation submits this statement for the p	ourpose of changing its registered offic	
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Se	onga Such change was aurion ction 607.0505, Florida Statute	s S	4-25-	96	
		O'E forgetened Agent & nation of 13.	ADDITIONS/CHANGES TO O	FRICERS AND DIRECTORS IN 12	
	ND DIRECTORS	1 1 TILE	ADDITIONS OF INTERCED TO C	Change Addition	
TLE PT AME CARRENO, JORGE		1.2 NAME			
TREET ADDRESS 950 S.W. 104TH CT.		1.3 STREET ACORESS			
ITY-ST-ZIP MIAMI FL 3174		1.4 City - \$1 - 7IP		Change Addition	
TLE	☐ DETELE	2 1 THLE		Change Addition	
AME		2.2 NAME			
TREE! ADDRESS		2.3 STREET ADDRESS			
HY-ST-7IP	☐ DELETE	2.4 CITY - S1 - 7IP 3.1 TILLE		Cnange Addition	
ITLE		3.2 NAME			
AME Treet address		33 STHEET ADDRESS			
HY · ST - ZIP		3.4.0(1*+\$1-Z)P			
ITLE	DELETE	4 1 TITLE		☐ Change ☐ Addition	
IAME		4.2 NAME			
TREET ADDRESS		4.3 STREET ADDRESS			
OTY - \$1 - 7/P	E Pr. Lff	4.4 CITY - ST - ZIP		Change Addition	
TITLE	☐ DELETE	5 1 TITLE 5 2 NAME			
AME		5.2 NAME 5.3 SIMEET ADDRESS			
STREET ADDRESS		54 CITY - ST-ZP			
CITY - ST - ZIP	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME	_	6.2 NAME			
STREET ADDRESS		6.3 STREEL ADDRESS			
·		6.4 C+TY - \$T - Z+P		40.07(0)(1) Fig. 12- 0)-1-1-1-1	
14. I do hereby certify that the information supplied certify that the information indicated on this a certify that the man officer or director of the control to the control that the control to the con	annua, region, or supplemental a amonation or the receiver or trus	stee empowered to execu	ialify for the exemption stated in Section 1 occurate and that my signature shall have lite this report as required by Chapter 607	19.07(3)(k), Florida Statutes I further the same legal effect as if made under , Florida Statutes; and that my name	
	as an an attrichment with an ar-	4.35.000			
appears in Block 12 or Block 13 if changed,	Or or an attachment with an at	101622	4-25-96 Dave	305-559-3728	