Mar 22, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L46952**

1. Corporation Name

GUS K FOOD BROKERAGE, INC.

Principal Place of Business Mailing Address								
231 SW 28 RD MIAMI FL 33129		231 SW 28 RD MIAMI FL 33129				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
•	•					01/29/1990		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21 Principal I	,	26				59-2995291	No	ot Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.		_			\$8.75	Additional
22	.,	27				5. Certifcate of Status Desired	Fee Re	equired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	- Added	to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year In		<u>ب</u>
24	25	29 30				Personal Property Tax.	Yes	∆ X
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
14 0 1	TTALLANDIO LIPI PM		8	31 1	Vame			
	TZAMANYS, HELEN		8	32 5	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	SW 28 RD -							
MIAN	AI FL 33129		8	33				
	•		2	34 (City		85 Zip	Code
	• • • • • • • • • • • • • • • • • • • •				•	FL		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	nt Fiorida. Such change was autho	onzea c	OV IIII	amed corpo e corporatior	ration submits this statement for the purpose on his board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE						when reinstating) DATE		
	Signature, typed or printed name of registered agen			gent się	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	[] Change	☐ Addition
TITLE	V CONTRAMANIVO FI CAIA	- Occerc	1.2 NAME					_
NAME	KONTZAMANYS, ELENA		1.3 STREE)DOFÉÉ	•		
STREET ADDRESS	231 SW 28 RD							η
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY 2.1 TITL		167		Change	Addition
TITLE	VONTERALIANIVO OTERUANIE	Details						_
NAME	KONTZAMANYS, STEPHANIE		2.2 NAME		NDDECC.			
STREET ADDRESS	231 SW 28 RD		2.3 STREE		, l			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY- 3.1 TITLE		ZIP		["] Change	Addition
TITLE	STD WONTZAMANIYO DELENI		3.2 NAM				_ ,	
NAME -	KONTZAMANYS, HELEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		YODEGG			
STREET ADDRESS	231 SW 28 ROAD		3.3 STREE		i	the state of the same of the s		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CITY- 4.1 TITLE		LIF .		Change	Addition
TITLE	VP	المال المال	4. 2 NAM			•		
NAME	KONTZAMANYS, GEORGE 231 SW 28 ROAD		4.3 STREI		nnpess			
STREET ADDRESS		•					•	
CITY-ST-ZIP	MAMI FL	☐ DELETE	4.4 CITY 5.1 TITL		ar		Change	☐ Addition
TITLE	PD CONTRAMANIVE CHE		5.2 NAME					_
NAME	KONTZAMANYS, GUS	MANYS, GUS		5.3 STREET ADDRESS				
STREET ADDRESS	201 OW ZOIN NOAD			5.4 CITY-ST-ZIP				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	6.1 TITL				Change	☐ Addition
TITLE	•		6.2 NAM		1		_ •	-
NAME					DDRESS			

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 if changed flogon an attigromment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP