FIL	E NOW: FILING	G FEE AFTER	MAY 1ST IS	\$550.00		
	PROFIT RPORATION UAL REPORT 2000		FLORIDA DEPART Katherin Secretary DIVISION OF CO	e Harris of State	JUDN OF CO	EU QFSTATE RPORATIONS
		49641		سن محنہ	' UU U!' 1 ↑ ↑ .	PM L. LO
1. Corporation RES	GO, INC.					<i>11 4:</i> 18
11026	w FLAGLER FL. 33174	ST. 1879	ing Address SW 10TH S II, FL. 331		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
2 Principal F	Place of Business ,	2a. I	Mailing Address		4. FEI Number	Applied For
	6 W. FLAGLE		879 SW 101	H ST.	65-0195350	Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City_3_Sta	I, FL.		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be. Added to Fees
Zip	Country	ļ	ip	Country	8. This corporation owes the current year	<u> </u>
24 3317		29   3 ss of Current Registe	3135 3	0]	Personal Property Tax.  10. Name and Address of New Registe	Yes XINO
MIAM	6 W FLAGLER I, FL. 3317	4	2	84 City MTA		FL   85   Zip Code   33174
11, Pursuant office or agent. I a	to the provisions of Sect registered agent or both, im familiar with, and acco	ions 607 6502 and 667 ip the State of Florida of the obligations of S	.1508, Florida Statutes Such change was auth ection 607.0505, Florid	, the above-named conorized by the corpora a Statutes.	orporation submits this statement for the purposetion's board of directors. I hereby accept the a	
SIGNATURE	Signature, typed or printed riagoe	Of registered agery and title if a	NE pplicable. (NOTE: Re	LSON GOME	Z 10 uired when reinstating) DAT	/19/2000
12.	11/10	FFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE '	/PD/		☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	GÖMEZ, NE 1879 SW 1			1.2 NAME 1.3 STREET ADDRESS	30000345	47734
CITY-ST-ZIP	MIAMI, FL	33135	DELETE	1.4 CITY-ST-ZIP	-11701700 	01032022 <del>30                                     </del>
NAME	STD		C) percie	2.1 TITLE 2.2 NAME		Change El-Addition
STREET ADDRESS	GOMEZ, BE			2.3 STREET ADDRESS		
CITY-ST-AP	MIAMI, FL			2. 4 CITY-ST-ZIP		
"IITLE"			—— □ DELETE· ~~	311ffLE	The residence with the second control of the	□ Chango □ Addition
NAME STREET ADDRESS	,			3.3 STREET ADDRESS	•	
CITY-ST-ZIP				3.4. CITY+ST-ZIP		
TITLE			☐ DELETE	4.1 TITLE	$M \cap M \mid P \mid$	Change Addition
STREET ADDRESS			~	4.2 NAME 4.3 STREET ADDRESS	No.	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
*NAME -STREET ADURESS	{			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS				5.4 CITY-ST-ZIP	•	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				62 NAME		
STREET ADDRESS CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 City-St-Zip	•	

14. 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 of 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 or an attachment with an address, with all other like empowered. SIGNATURE NELSON GOM

NELSON GOM

SIGNATURE STATE NAME OF SIGNING OFFICER OR DIRECTOR 305-226-2949 NELSON GOMEZ PRESIDENT 10/19/2000

7)

October 19,2000

To: Florida Department of State

From: Resgo, Inc.

Reference: Annual Report Year 2000, Doc. No. L49641

I did not sent the Annual Report fee of \$150.00 because I never received the corporation Annual Report for the year 2000. Since, I did not received it I forget to paid for.

Please, I am requesting to be excuse and accept the payment of \$150.00 for my corporation. Attached see check for payment.

Thank You,

Aglson Gamez

resident

someheel seeval report 2000 suel ck v= 2264