

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L91939

(3)

1. Corporation Name

GEM PAVER SYSTEMS, INC.

Principal Place of Business

**11501 NW 118 WAY
MEDLEY FL 33178**

Mailing Address

**11501 NW 118 WAY
MEDLEY FL 33178**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1990

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0232882

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**FERNANDEZ, JORGE
11501 NW 118 WAY
MEDLEY FL 33178**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
NAME
KOCIK, JUREK
STREET ADDRESS
11501 NW 118 WAY
CITY - ST - ZIP
MEDLEY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

D
NAME
FERNANDEZ, JORGE
STREET ADDRESS
11501 NW 118 WAY
CITY - ST - ZIP
MEDLEY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

D
NAME
LANNES, ROMAN M.
STREET ADDRESS
11501 NW 118 WAY
CITY - ST - ZIP
MEDLEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

D
NAME
DIAZ, PABLO
STREET ADDRESS
11501 NW 118 WAY
CITY - ST - ZIP
MEDLEY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

827-2837