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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M02368

(2)

G & G. REAL ESTATE, INC.

FILED Apr 15 1998 8:00am Secretary of State

|--|

Principal Disc	o of Business	Mailina Address				
Principal Place of Business 355 WASHINGTON AVE APT. #1 MIAM FL 33139 Mailing Address 355 WASHINGTON AVE APT. #1 MIAM FL 33139				DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualified 06/29/1984		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 363 WASHING	670 AVE	59-2428436	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27 22			Fee Required	
City & State		28 Miami BEAC	AFL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip C	ountry	8. This corporation owes or has paid the	· ·	
24	25 Alama and Address of Currel		VADE	Personal Property Tax due June 30.	Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BACHECO CALLAL 81 Name						
PACHECO, GALI M.						
363 WASHINGTON AVE. Suite 22			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
_	AMI BCH. FL 33139		83			
,,,,,			84 City		85 Zip Code	
					L	
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 ag		ored Agent signature require	· · · · · · · · · · · · · · · · · · ·		
12.	PTS		3. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	PACHECO, GALI M.	-	2 NAME			
STREET ADDRESS	355 WASHINGTON AVE		3 STREET ADDRESS			
CITY-ST-ZÎP	MIAMI FL		4 CITY-ST-ZIP			
TITLE	0		1 TITLE		Change Addition	
NAME	PACHECO, GALI M.	2.2	2 NAME			
STREET ADDRESS	355 WASHINGTON AVE	2.3	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4 CITY - ST - ZIP			
TITLE	\$	DELETE 3.1	1 TITLE		Change Addition	
NAME	PACHECO, GLORIA		2 NAME			
STREET ADDRESS	355 WASHINGTON AVE.	· ·	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1. City-St-ZiP		Change Addition	
TITLE			TITLE		Change Addition	
NAME ATREET ARRESSO			2 NAME			
STREET ADDRESS			S STREET ADDRESS			
CITY-ST-ZIP TITLE			I CITY-ST-ZIP		Change Addition	
NAME		The state of the s	2 NAME		the second	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		1	CITY-ST-ZIP		ļ	
TITLE			I TITLE		Change Addition	
NAME		6.2	P NAME .			
STREET ADDRESS		, 6.3	STREET ADDRESS		1	
CITY-ST-ZIP		6.4	I 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 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.