FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M42471** **(6)**

1. Corporation Name
G. G. 18, INC.

Principal Place of Business	Mailing Address
209 S. ATLANTIC BLVD.. FT LAUDERDALE FL 33316	209 S. ATLANTIC BLVD.. FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1986
3a. Date of Last Report: 02/03/1994

21 2. Principal Place of Business: 400 B DUVAL STREET
26 2a. Mailing Address: % PETER L. PARISI C/A PA 2832 N.E. 21ST COURT
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
23 City & State: KEY WEST, Florida
28 City & State: FT. LAUDERDALE, FLA
24 Zip: 33040
25 Country: MONROE
29 Zip: 33305
30 Country: BROWARD

4. FEI Number: 59-2742040 ☐ 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

9. Name and Address of Current Registered Agent

D'JAMAL, SHLOMO
209 S. ATLANTIC BLVD.,
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: PETER L. PARISI C/A PA
82 Street Address (P.O. Box Number is Not Acceptable): 2832 N.E. 21ST COURT
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33305

11. Pursuant to the provisions of Section 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] PETER L. PARISI 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	D'JAMAL, SHLOMO	12 NAME		
STREET ADDRESS	209 S ATLANTIC BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	GAMAL, URI	22 NAME		
STREET ADDRESS	209 S ATLANTIC BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	S/D	☐ Change ☒ Addition
NAME		32 NAME	ITTAH, CHARLES	
STREET ADDRESS		33 STREET ADDRESS	3708 DONALD STREET	
CITY-ST-ZIP		34 CITY-ST-ZIP	KEY WEST, Florida 33040	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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.

SIGNATURE: [signature] CHARLES ITTAH 4/3/95 (305) 294-7905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0238031 CP