

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M50603** (3)
1. Corporation Name
G.G.R., INC.

Principal Place of Business Mailing Address
7636 ABBOTT APT 2 **7636 ABBOTT APT 2**
P O BOX 403656 **P O BOX 403656**
MIAMI BEACH FL 33160 **MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/21/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2818420** 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**
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 26. Mailing Address
21. State Apt # etc 26. State Apt # etc
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 29. City & State
25. City & State 30. City & State

9. Name and Address of Current Registered Agent
RUSSO, FELIPE
4430 24 AVE., SW
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent
81. Name
82. Street Address (if P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.056 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 607.056, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
12.1. NAME: **P GIANNARIZIA, GIACOMA**
12.2. STREET ADDRESS: **4430 24 AVE., SW**
12.3. CITY, ST, ZIP: **FT. LAUDERDALE FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94
13.1. NAME: **GIANNARIZIA GIACOMA** Change Addition
13.2. STREET ADDRESS: Change Addition
13.3. CITY, ST, ZIP: Change Addition
13.4. NAME: Change Addition
13.5. STREET ADDRESS: Change Addition
13.6. CITY, ST, ZIP: Change Addition
13.7. NAME: Change Addition
13.8. STREET ADDRESS: Change Addition
13.9. CITY, ST, ZIP: Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information indicated on the 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 this 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 as an attachment with an address.

SIGNATURE: **GIANNARIZIA GIACOMA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-95 (200) 8689490