

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M71528 (7)

1. Corporation Name

GESYL DEVELOPERS CORP.



Principal Place of Business

Mailing Address

**% JOSE EDUARDO SOBRIN
2044 S.W. 82ND PLACE
MIAMI FL 33155**

**% JOSE EDUARDO SOBRIN
2044 S.W. 82ND PLACE
MIAMI FL 33155**

3. Date Incorporated or Qualified **03/11/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0039172		Applied For Not Applicable	
21		26		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOBRIN, JOSE EDUARDO
2044 S.W. 82ND PLACE
MIAMI FL 33155**

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 607.0902 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 person doing the filing (Signature required when the filer is not the registered agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	SOBRIN, JOSE EDUARDO	12. NAME	
STREET ADDRESS	2044 S.W. 82ND PLACE	13. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	14. CITY- ST- ZIP	
TITLE	V ☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	GARCIA-MONTES, JOSE M.	22. NAME	
STREET ADDRESS	2705 ANDERSON ROAD	23. STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	24. CITY- ST- ZIP	
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	☐ DELETE	6. 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)(g), 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:

Jose E. Sobrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 305-2660605
DATE DAY

CR2E034 (12/95)