SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41307** **(2)**

1. Corporation Name

GAMFERRSS CORPORATION

900001536339
-07/12/95--01090--008
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 010349 MIAMI FL 33101	P O BOX 010349 MIAMI FL 33101

3. Date Incorporated or Qualified: 12/12/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0234389 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FOOTMAN, SAMUEL
18805 N. MIAMI AVE. #5
MIAMI FL 33169

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Samuel Footman
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	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	ALLEN, GREGORY	1.2 NAME	ALLEN, GREGORY	
STREET ADDRESS	3331 NW 154TH ST	1.3 STREET ADDRESS	3331 NW 154 TERR	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FOOTMAN, SAMUEL	2.2 NAME		
STREET ADDRESS	18805 N. MIAMI AVE #5	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LACKINGS, SANDRA R	3.2 NAME	LACKINGS, SANDRA R.	
STREET ADDRESS	915 N.W. 1 AVENUE #L112	3.3 STREET ADDRESS	15920 NW 17TH PLACE	
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LOWE, ELIJAH	4.2 NAME		
STREET ADDRESS	12601 NW 27TH AVE T234	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BYRD, MELVIN	5.2 NAME	BYRD, MELVIN	
STREET ADDRESS	637 N.W. 64TH ST. #3	5.3 STREET ADDRESS	720 NE 26TH ST #103	
CITY-ST-ZIP	MIAMI FL 33150	5.4 CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, ROBERT	6.2 NAME		
STREET ADDRESS	10831 NW. 22ND COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

RC

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Jenkins 6/28/95 687-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007231