

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000000553 (6)

1. Corporation Name

GYNA, INC.

Principal Place of Business

1335 ALTON ROAD  
MIAMI BEACH FL 33139

Mailing Address

1335 ALTON ROAD  
MIAMI BEACH FL 33139



3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1335 ALTON ROAD

26 GYNA, INC

4. FEI Number

650572010

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 PO BOX 403051

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

MIAMI BEACH, FL

28 MIAMI BEACH FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

33134

25

USA

29

33140

30

USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTILLO, MARIA D

4716 ALTON ROAD

MIAMI BEACH FL 33140

81 Name

Laura L. Webster

82 Street Address (P.O. Box Number is Not Acceptable)

642 Velarde Avenue

83

Coral Gables

84 City

FL

85 Zip Code

33134

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

*Laura L. Webster*

(NOTE: Registered Agent signature required when reinstating)

4/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME DONNA PHILLIPS  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

VICE PRESIDENT-DIRECTOR

Change

☒ Addition

TITLE BOARD MEMBER-D  
NAME MARIA D CARTILLO  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

1.2 NAME

CLANDIA BORDEN

1.3 STREET ADDRESS

255 West 24 St. #408

1.4 CITY-ST-ZIP

MIAMI BEACH FL 33139

TITLE BOARD MEMBER-D  
NAME MIA ROSARIO-D  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

2.1 TITLE

SECRETARY-DIRECTOR

☐ Change

☒ Addition

TITLE BOARD MEMBER-D  
NAME CARLA LUPI  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

2.2 NAME

SANDY DARRELL

2.3 STREET ADDRESS

845 NE 71st Street

2.4 CITY-ST-ZIP

MIAMI FL 33138

TITLE BOARD MEMBER-D  
NAME MIA ROSARIO-D  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

3.1 TITLE

TREASURER-DIRECTOR

☐ Change

☒ Addition

TITLE BOARD MEMBER-D  
NAME CARLA LUPI  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

3.2 NAME

LAURA WEBSTER

3.3 STREET ADDRESS

642 Velarde Ave.

3.4 CITY-ST-ZIP

Coral Gables FL 33134

TITLE BOARD MEMBER-D  
NAME CARLA LUPI  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

4.1 TITLE

PRESIDENT-DIRECTOR

☐ Change

☒ Addition

TITLE BOARD MEMBER-D  
NAME CARLA LUPI  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

4.2 NAME

DONNA PHILLIPS

4.3 STREET ADDRESS

7430 SW 59 St Apt CB

4.4 CITY-ST-ZIP

MIAMI FL 33143

TITLE BOARD MEMBER-D  
NAME CARLA LUPI  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

5.1 TITLE

500001836425

5.2 NAME

-05/23/96--01018--047

5.3 STREET ADDRESS

\*\*\*61.25

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE BOARD MEMBER-D  
NAME CARLA LUPI  
STREET ADDRESS  
CITY-ST-ZIP

☒ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

*Laura L. Webster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/96 305 567 1955

CR2E037 (12/95)