## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000005263 (6)

G. A.	P. P. INC															
Principal Plac	e of Busines	5		N	lailing Add	ress					I INDIIIAI BIB IGIIO BIXII I		ARLIE BRINI	ABIRI EIIID II¥I4	<b>81199</b> 1(11 1 <b>99</b> 4	
735 - 743 OPA LOCKA BLVD. 735 - 743 OPA LOCKA BLVI MIAMI FL 33168 MIAMI FL 33168								D.								
											3. Date Incorporated or Qu 10/10/1996	alified	38. Da	ate of Last R	eport	
2. Principal P	lace of Busi	ness		28	2a. Mailing Address						4. FEI Number			XAF	plied For	
21	41 "-1.			26										<del></del>	t Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Des	ired		\$8.75 / Fee Re		
City & State					City & State						6. Election Campaign Finar	ncing		\$5.00		
23				26							Trust Fund Contribution			☐ Added to Fees		
Zip 24		<del></del>	Country	29	<b>Z</b> ip I		30	ountry			<ol> <li>This corporation has liab Florida Statutes</li> </ol>		ntangible Yes		. 199.032,	
24	9. Name	25 and	Address of Curi		stered Ace	ent	30]	T			10. Name and Address of I					
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MCFWA	N FFIIX I								- L A - L - L - L - L - L - L - L - L -	(D.O. D., M., ). N. (A						
MCEWAN, FELIX F 735 - 743 OPA LOCKA BLVD.									Stre	et Addres	ss (P.O. Box Number is Not A	cceptab	le)			
MIAMI FL 33168																
***********								-						I I +-:	<del> </del>	
								84	City	'			FL	_ <b> 85</b>   Zip t	Coxle	
11. Pursuant	to the provis	sions	of Sections 617.0	502 and (	617.1508, I	lorida Statu	ites, the	above	e-nam	ed corpo	ration submits this statement this board of directors. I hereb	or the p	urpose o	f changing it	s registered	
office or r agent. I a	registered af ım familiar w	gent, ith, a	or both, in the Standard accept the ob-	ite of Flor ligations o	ida Such of Section	hange was 617.0503, F	authoria Iorida Si	ed by tatutes	the ( s.	corporation	n's board of directors. I hereb	у ассер	it the app	oritment as	registered	
SIGNATURE				•												
l	Signature, type	or po	nted name of registered			(NO	TE: Rogiste	red Age	nl sign	sture required	when reinstating)		DATE			
12.	1		OFFICERS /	ND DIRE		DELETE	13			т <i>э</i> ?	ADDITIONS/CHANGES TO	OOFFIC	ERS AND			
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STREET ADDRESS							3.3	STREET	ADDRE	SS 186	mela Grignor 05 5.W. 122 5	;†.				
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CITY-ST-ZIP	J						6.4	CHY-S	i - ZIP	noc	A q WOOD , FL.	<u>ں در ر</u>	O. I			

I do hereby certify that the information sypplied with this flying 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 path; 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 chapter 617, an attachment with an address

**FILED** 

May 14 1997 8:00am

Secretary of State