

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000002868 (7)**

1. Corporation Name

GUALPACA INTERNATIONAL CORP.



Principal Place of Business

**% EDEN ROC HOTEL
4525 COLLINS AVE
MIAMI BCH FL 33140
US**

Mailing Address

**7640 HARDING AVE
APT 1
MIAMI BCH FL 33141-2142
US**

3. Date Incorporated or Qualified
10/30/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0372543

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

29

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

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LACASA, CARLOS A
3191 CORAL WAY
3RD FLOOR
MIAMI FL 33185**

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 607.0502 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 of Officer or Director (Indicate Name of Officer or Director)

Signature of Registered Agent (Indicate Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
GENTA, JORGE
7640 HARDING AVE APT 1
MIAMI BEACH FL 33141**

1. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE ☐ DELETE

**D
GENTA, JORGE P
1500 BAY RD APT 509
MIAMI BCH FL**

2. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

21. NAME
22. STREET ADDRESS
23. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31. NAME
32. STREET ADDRESS
33. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41. NAME
42. STREET ADDRESS
43. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51. NAME
52. STREET ADDRESS
53. CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61. NAME
62. STREET ADDRESS
63. 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 amendment with an address.

SIGNATURE:

JORGE GENTA

4/26/96

(305) 868-4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/PHONE NUMBER

CR2E034 (12/95)