

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000003569 (9)**

1. Corporation Name

**GAUR INVESTMENTS OF FLORIDA, INC.**



Principal Place of Business

**1500 SAN REMO AVENUE  
STE 125  
CORAL GABLES FL 33146  
US**

Mailing Address

**1500 SAN REMO AVENUE  
STE 125  
CORAL GABLES FL 33146  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1993**

4. FEI Number

**65-0380388**

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BLACK, JAN M.S.  
1500 SAN REMO AVENUE  
STE 125  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

**Atrium Registered Agents, Inc.**

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

**1500 SAN REMO AVENUE**

83

**STE 125**

84

City

**CORAL GABLES**

**FL**

85

Zip Code  
**33146**

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
BLOHM, ALFREDO  
APARTADO 2018  
CARACAS 1010-A VE**

TITLE ☐ DELETE

**VPD  
BLOHM, CARLOS H.  
APARTADO 2018  
CARACAS 1010-A VE**

TITLE ☐ DELETE

**ST  
DE BLOHM, MARGARITA F.  
APARTADO 2018  
CARACAS 1010-A VE**

TITLE ☐ DELETE

**[Blank]**

TITLE ☐ DELETE

**[Blank]**

TITLE ☐ DELETE

**[Blank]**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 employed 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: *[Signature]*

CR2E034 (10/97)