FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008893 (8)**

1. Corporation Name
GVF ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~670 NW 49TH AVE~~ ~~780 E BROWARD BLVD SUITE 307~~ ~~COCONUT CREEK FL 33063~~ ~~US~~	~~670 NW 49TH AVE~~ ~~780 E BROWARD BLVD SUITE 307~~ ~~COCONUT CREEK FL 33063~~ ~~US~~

3. Date Incorporated or Qualified: **02/04/1993**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 8333 W. McNab Road	26 8333 W. McNab Road
Suite, Apt. #, etc. 22 Suite 203	Suite, Apt. #, etc. 27 Suite 203
City & State 23 Tamarac, Florida	City & State 28 Tamarac, Florida
Zip / Country 24 33321 / 25 USA	Zip / Country 29 33321 / 30 USA

4. FEI Number: **65-0385165** ☐ 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 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
FERNANDEZ, GRACE V **670 NW 49TH AVE** **COCONUT CREEK FL 33063**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	President	☒ Change ☐ Addition
NAME	FERNANDEZ, GRACE V	12 NAME		
STREET ADDRESS	670 NW 49TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063	14 CITY-ST-ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Grace Fernandez GRACE FERNANDEZ 4/28/95 305-722-4343
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100124 CP