FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995 APR -3 PM

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P93000012657**

1. Corporate Name

GACO ENTERPRISES OF MIAMI CORP.

Name and Address of Person to Whom Mail Should Be Sent

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: **2/18/93**	3a. Date of Last Report: **2/14/94**
4. FEI Number: **65-0392874**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 **13759 S.W. 139 CT.**	26 **13759 S.W. 159 CT.**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **MIAMI, FLORIDA**	City & State 28 **MIAMI, FLORIDA**
Zip 24 **33186** Country 25 **U.S.A.**	Zip 29 **33186** Country 30 **U.S.A**

9. Name and Address of Current Registered Agent

OLIVEIRA, LINO
13759 S.W. 139TH CT.
MIAMI, FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) **13759 S.W. 139TH CT.**

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 corporation) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	OLIVEIRA, LINO	12 NAME	
STREET ADDRESS	13759 S.W. 139TH CT.	13 STREET ADDRESS	13759 S.W. 139TH CT.
CITY ST ZIP	MIAMI, FL 33186	14 CITY ST ZIP	MIAMI, FL 33186
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	400001448714
STREET ADDRESS		33 STREET ADDRESS	-04/06/95--01016--008
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
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	TAW 4/3/95 ☐ 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Lino Oliveira President 3/10/95 (305) 252-9952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #