FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000037390 (0)**

1. Corporation Name

GOBLA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~8530 N.W. 30 TERR~~ ~~MIAMI FL 33122~~ ~~US~~	~~8530 N.W. 30 TERR~~ ~~MIAMI FL 33122~~ ~~US~~

2. Principal Place of Business 21 8550 N.W. 30 TERR	2a. Mailing Address 26 8550 N.W. 30 TERR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33122 25 DADE	Zip / Country 29 33122 30 DADE

3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last Report 04/11/1995
4. FEI Number 65-0418408	☐ 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

KATES, LESTER G
1647 S.W. 27TH AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 2655 Lejeune Rd. Suite 807

83

84 City Coral Gables **FL** 85 Zip Code 33134

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: Lester G Kates DATE: 2/28/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUSTAVO GOMEZ, ~~8530 NW 30 TERRACE~~ ~~MIAMI FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☒ Change ☐ Addition 8550 N.W. 30 TERR MIAMI FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BLANCO, ALBERTO ~~8530 NW 30 TERRACE~~ ~~MIAMI FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☒ Change ☐ Addition 8550 N.W. 30 TERR MIAMI FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition 200001822602 -05/15/96--01055--028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		***200.00 ☐ Change ☐ Addition 32 5.1

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)(k), 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: Gustavo J Gomez GUSTAVO J GOMEZ 4/16/96 (305) 591-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)