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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000059242 (6)

1. Corporatio	on Name C CORP.	(0	•		
Principal Plac	e of Business	Mailing Address		(GODERAN IND OUTDO SINK DOWN TOWN DOSKY O	haran 8shin galda gi ati atalia bial 1601
8870 FONTAINBLEAU BLVD #210 MIAMI FL 33172		300 SUNRISE DRIVE 1E KEY BISCAYNE FL 33149 US			
				08/24/1993	Date of Last Report 05/01/1995
2. Principal P 21 745	lace of Business 6 N.W & ST	2a. Mailing Address 26 7 4 5	NW 8ST	4. FEI Number 65-3284012	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State	 ≥ L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for intance	Added to Fees ble tax under s. 199.032.
24 33 1	26 25 DADS	29 33126	30 DADE	Florida Statutes Yes 🗇	
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name		
CASTILLO, JORGE E 8870 FONTAINBLEAU BLVD #210			82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI I	FL 33172		83		
			84 City		FL 85 Zip Code
11. Pursuant or registe familiar wi	to the provisions of Sections 607.050 fred agent, or both, in the State of Flo ith, and accept the obligations of, Sec	02 and 607.1508, Florida Statute rida. Such change was authorize ction 607.0506, Florida Statutes	es, the above-named corpo ed by the corporation's boa	ration submits this statement for the purpose and of directors. I hereby accept the appointment	of changing its registered office ent as registered agent. I am
SIGNATURE			v- ·· • · · · · · · · · · · · · · · · · ·		
12,	Signature typod or printed name of registered agri OFFICERS A	ND DIRECTORS	TE Registered Agent signature require 13.	· · · · · · · · · · · · · · · · · · ·	AND DIDECTORS IN 10
T'TLE	T DP	DELETE		ADDITIONS/CHANGES TO OFFICERS • P.	AND DIRECTORS IN 12 Change Addition
NAME	CASTILLO, JORGE E	_		ASTILLO, JORGE E	
STREET ADDRESS	8870 FONTAINBLEAU BLVD	#210	1.3 STREET ADDRESS	00 SUNNISE DRIVE	1 E
CITY - ST - ZIP	MIAMI FL 33174		1.4 CITY-ST-ZIP	EY BISCAYNE FL 3	2/49
TITLE	DST	☐ DELETE	2. 1 TITLE	57	Change
NAME	LOPEZ, IVAN		2.2 NAMÉ	OPEZ, IVAN	
STREET ADDRESS	9854 SW 8TH ST #405		2.3 STREET ADDRESS \$	1844 SW 8TH STREE	7 405
CHTY - ST - ZIP	MIAMI FL 33174			Diami Florion"	
THE		☐ DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
THE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
NAME		L and	4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - 7IP			5.4 CITY-ST-ZIP		
11º1.F		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
CHY-S1-ZIP 14 Lido hereb	y certify that the inforciation supplied	with this films is valuntarily from	6 4 City - ST- ZiP	or the exemption stated in Section 119.07(3)(k	A Etorida Ctatutos 15 des
certify that oath; that	t the information indicated on this and I am an officer or director of the corp Block 12 or Block 13 I changed, or	nual report or supplemental annu poration or the receiver or trustee	ual report is true and accura e empowered to execute thi	the exempline state in Section 119.07(5)(kite and that my signature shall have the same s report as required by Chapter 607, Florida S	legal effect as if made under statutes; and that my name

SIGNATURE:

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4/1/96 (305)