## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCU	MENT # P9300	0060880	(O)			
GANDARILLAS ENTERPRISES, INC.					I alangan ing manakan manakan manakan mengan bangan bangan bangan bangan pangan bangan bangan bangan bangan ba	
Principal Place of Business Mailing Address						
5915 WEST 25TH COURT SUITE 104 HIALEAH FL 33016		5915 WEST 25TH COURT SUITE 104 MALEAH FL 33016				
					3. Date incorporated or Qualified 08/31/1993	3a. Date of Last Report 03/28/1995
	Place of Business	2a. Mailing Address			4. FEF Number	Applied For
26     Suite, Apt. #, etc.   Suite Apt. # etc.   Suite Apt. # etc.					65-0444906	Not Applicable
22		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	<del>-</del>	Trust Fund Contribution	Added to Fees
24 29			30		8. This corporation has liability for Florida Statutes	Intangible tax under s. 199,032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	
144.04	A14177 B.1.50 L		81	Name		
MARKOWITZ, DAVIS A 9130 S. DADELAND BLVD MIAMI FL 33158			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
			83			
			84	Citi		
44 0				City		FL 85 Zip Code
or register familiar wi	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida th, and accept the obligations of, Section	nd 607.1508, Florida Statu Such change was authori n 607.0505, Ekwida Statuta	ites, the above r ized by the corp	ianned corpoi pration's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office piritment as registered agent. Lam
SIGNATURE		State of the state				, ,
12.	Signature, typed or printed name of registere Layent an OFFICERS AND		OTE Registered Agen	Signature resp.»		CA)E
THTLE	PS OFFICERS AND	DELETE	13.		ADD/TIONS/CHANGES TO OFFI	
NAME	GANDARILLAS, ELENA		1.2 NAME			Change
STREET ADDRESS			1 3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CHY-S	1		
TITLE	Vī	DELETE	2 1 TIFLE			Change Addition
NAME	GANDARILLAS, GREGORIO		2.2 NAME			Crownige Crystelli
STREET ADDRESS 5915 W 25TH COURT, SUITE 104			23 STHEET.	ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2 4 CiTY - ST	- ZiP		
TITLE		DELETE	3 1 T:TLF			Change Addition
NAME			3 2 NAME			
STREET ADORESS CITY-ST-ZIP			33 STREET	ADDRESS		
TITLE		F7) DE: ETC	3 4 CITY - ST	- ZIP		
NAME		DELETE	4 171716			Change Addition
STREET ADDRESS			4.2 NAM:			
CITY - ST - ZIP			43 \$1R661 A			
TITLE		☐ DELETE	4.4 CHY+ST 5.1 TITUE	- ZIP		
NAME		-	5.2 NAME			Change Addition
STREET ADDRESS			5 3 STREET A	DORESS		
CITY-ST-ZIP			5.4 CIFY - S1	i		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			Cl overân Cl voquidii
STREET ADDRESS			63SPREETA	ODRESS		
City-St-zie  14. I do hereby certify that the information supplied with this filing is voluntarily furnisher.				ZIF		
∎•. Tuo nereby	certify that the information supplied with	this filing is voluntarily furn	ished and doos	not qualify fo	the exemption stated in Cont. 112.00	

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 appears in Block 12 or Block

SIGNATURE: