

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

**FILED**

**96 AUG 23 PM 3:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P93000068810 (9)**

1. Corporation Name  
**GUILONKA CORPORATION**

Principal Place of Business  
**890 SW 87TH AVENUE  
SUITE #17  
MIAMI FL 33196  
US**

Mailing Address  
**10914 SW 152 PL  
MIAMI FL 33196  
US**

3. Date Incorporated or Qualified **09/27/1993** 3a. Date of Last Report **06/14/1995**

4. FEI Number **65-0444346** 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

21. Mailing Address **890 S.W. 87TH AVENUE**

22. Suite, Apt. #, etc. **#17**

23. City & State **MIAMI, FL**

24. Zip **33174** 25. Country

26. Mailing Address **890 S.W. 87TH AVENUE**

27. Suite, Apt. #, etc. **#17**

28. City & State **MIAMI, FL**

29. Zip **33174** 30. Country

9. Name and Address of Current Registered Agent

**ARRINDELL, GUILLERMO A  
10914 SW 152 PL  
MIAMI FL 33196**

10. Name and Address of New Registered Agent

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 607.0507 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARRINDELL, GUILLERMO A	
STREET ADDRESS	<del>10014 SW 152 PL</del> <b>9619 N.W. 7TH ST</b>	
CITY-ST-ZIP	<del>MIAMI FL 33196</del> <b>33172 APT 109</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ARRINDELL, ESTELA I	
STREET ADDRESS	<del>10014 SW 152 PL</del> <b>9619 N.W. 7TH ST</b>	
CITY-ST-ZIP	<del>MIAMI FL 33196</del> <b>33172 APT 109</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

44. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

Change  Addition

**400001934384**  
**-08/28/96 -01058-002**  
**\*\*\*\*225.00 \*\*\*\*225.00**

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)(b), 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: *Guillermo A. Arrindell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Guillermo A. ARRINDELL**

**6/7/96 (305) 226-6257**

CR2E034 (12/95)