## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000068810

**GUILONKA CORPORATION** 

Principal Place	of Business	Ma	ailing Address			
890 SW 87TH A	VENUE	890	SW 87TH AVENUE			
SUITE #17			SUITE #17			DO NOT WRITE IN THIS SPACE
MIAMI FL 33174			MI FL 33174			3. Date Incorporated or Qualifed
US US					-	
						09/27/1993
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number Applied For
21		26				65-0444346   Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22	<u></u>	27				5. Certificate of Status Desired Fee Required
City & State	е		City & State			6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country		Zip	Count	γ	This corporation owes the current year Intangible
24	25	29	36	0		Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Regis	tered Agent			10. Name and Address of New Registered Agent
				8	Name 1	ARRIHDELL, Guillamo A.
ARRINDELL, GUILLERMO A				8	2 Street A	Address (P.O. Box Number is Not Acceptable)
1091	4 SW 152 PL			6	- J. 100 A	11333 N.W. 62ND TERRALE
MIAM	II FL 33196			8	3	
				L	ļ	
				8	1	MIAM! FL 85 Zip Code 33/78
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statutes	the abo	ve-named c	assessed on the statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's stating this statement for the purpose of the appointment as 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 fabilitate with and accept the appointment as registered agent. I am fabilitate with and accept the appointment as registered.						
agent. i ai	m familiar with and acceptant oding	auons us	ech 1.0000, 1 lotto	a olulul		1/5/99
SIGNATURE	eignature typed or printed name of registered ag-	ent and title	f applicable: (NOTE: Re	egistered Ag	ent signature rec	required when reinstating) DATE
12.	OFFICERS A		· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE		
NAME	ARRINDELL. GUILLERMO A			1.2 NAME		
	9619 N.W. 7TH STREET, APT.	100		1 2 STRE	ET ADDRESS	11333 N.W. GRAD TERRACE
STREET ADDRESS		109		1.4 CITY-		11323 N.W. 62ND TRREACE MIAMI, FL 33178
CITY-ST-ZIP	MIAMI FL 33172		☐ DELETE	2.1 TITLE		Change Addition
TITLE	STD			l		
NAME	ARRINDELL, ESTELA I			2.2 NAME		Was Huy Gall Tralace
STREET ADDRESS		109			ET ADDRESS	מוף מון עות שונים ושיף כככון
CITY-ST-ZIP	MIAMI FL 33172			2. 4 CITY		11333 N.W. 6240 TRREACE MIAMI, TL 33178 Change Addition
TITLE			☐ DELETE	3.1 TITLE		,
NAME				3.2 NAME	-	
STREET ADDRESS				3.3 STRE	ET ADDRESS	
CITY-ST-ZIP				3.4. CITY	-ST-ZIP	
TITLE			☐ DELETE	4 1 TITLE		Change Addition
NAME				4. 2 NAM	E	
STREET ADDRESS				4.3 STRE	ET ADDRESS	
CITY-ST-ZIP				4.4 CITY	-ST-ZIP	
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
: 1				5.3 STRE	ET ADDRESS	
STREET ADDRESS				5.4 CITY-		
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			□ DECE IE	6.2 NAME		Grange Treates
NAME						
CTREET APPRECE				■ 6.3 STRE	ET ADDRESS	

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90077 010 \*\*\*150.00