

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000007857 (3)

1. Corporation Name
GABRONA, INC.



Principal Place of Business
~~1940 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDERDALE FL 33334~~

Mailing Address
~~1940 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDERDALE FL 33334~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 280 SE 11TH STREET
Suite, Apt. #, etc.

22 City & State
POMPAHO BEACH, FL

23 Zip Country
33060 USA

2a. Mailing Address

26 1511 E. COMMERCIAL BLVD
Suite, Apt. #, etc.

27 SUITE 128
City & State

28 FORT LAUDERDALE, FL
Zip Country

29 33334 30 USA

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

65-0464095

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RENZ, HEINZ
1540 E. COMMERCIAL BLVD
SUITE B
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
RENZ, HEINZ
82 Street Address (P.O. Box Number is Not Acceptable)
280 SE 11TH STREET
83
84 City
POMPAHO BEACH FL 85 Zip Code
33060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EGLI, ARWED B.
1540 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RENZ, HEINZ
1540 E. COMMERCIAL BLVD.
FT LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
EGLI, ARWED B.
1511 E. COMMERCIAL BLVD. STE 128
FORT LAUDERDALE, FL 33334 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
S
RENZ, HEINZ
280 SE 11TH STREET
FORT LAUDERDALE, FL 33060 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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

Signature, typed or printed name of registered agent and title if applicable

CR2E034 (10/97)