FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -7 AM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013913 (6)

1. Corporate Name
GIRETO ENTERPRISES, INC.

Principal Place of Business
1161 N.W. 76TH AVE.
PLANTATION FL 33322

Mailing Address
1161 N.W. 76TH AVE.
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:

4. FEI Number: 65-0469219
Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
City — 24
Country — 25
Zip — 29
Country — 30

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

9. Name and Address of Current Registered Agent

RESTREPO, GILMA
1161 N.W. 76TH AVE.
PLANTATION FL 33322

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 607.0502 and 607.0508, Florida Statutes, the above named corporation submits the 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: RESTREPO, GILMA
ADDRESS: 1161 N.W. 76TH AVE.
CITY, ST, ZIP: PLANTATION FL 33322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
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CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my corporation has complied with the provisions of Florida Statutes, and that its corporate status is active. I further hereby certify that I am familiar with and accept the duties and responsibilities as registered agent.

SIGNATURE: Gilma Restrepo Sumner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-95 4747511

0230145 CP