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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Zip Code

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

6650 SW 84TH AVE.

MIAMI FL

DOCUMENT # P94000017259 (0)

GUTIERREZ AND ALONSO ENTERPRISES, INC.

Principal Place of Business Mailing Address 6650 SW 84TH AVE. 6650 SW 84TH AVE. MIAMI FL MIAMI FL 33143-2448 3. Date incorporated or Qualified 3a. Date of Last Report 03/04/1994 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0475955 21 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COMPANIONI, JOSE M

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.

82

83 City

Street Address (P.O. Box Number is Not Acceptable)

Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE THLE 1.1 TITLE ☐ Change Addition **GUTIERREZ, ILEANA** NAME 1.2 NAME 6650 SW 84TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE THRE Change 21 TITLE Addition **GUTIERREZ, ALBERTO** NAME 2.2 NAME 6650 SW 84TH AVE. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33143** CHTY: \$1: 702 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4. CITY-ST-ZIP □ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST ZIP 4.4 City-St-ZiP TPLE DELETE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE THIE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-\$T-ZIP

14. I do 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 of 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 changes for on an attachment with an address.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date