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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P04000010142	(6)
DOCOMENT#	P94000019142	(O)

G	& N	1 INTL	ENTERPRISE	INC.

Principal Place of Business

Mailina Address



14210 S.W. 34 MIAMI FL 331		14210 S.W. 34 ST. MIAMI FL 33176					
					3. Date Incorporated or Qualified 03/11/1994	3a. Date of L 03/0	.ast Report 7/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	<u> </u>		65-0484041		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
Crty & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Count	ry	8. This corporation has liability for in Florida Statutes (V) Yes	ntangible tax un No	ider's 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Age	nt
			8	1 Name			
	30, GUILLERMO O .W. 34 ST.		8	2 Street Addi	ress (P.O. Box Number is Not Acceptab	le)	
MIAMI FI			8	3			
			8	4 City		FL ⁸	5 Zip Code
familiar with SIGNATURE	id agent, or both, in the State of Flo n, and accept the obligations of, Se signature typed or ported hamouf regidency ag-	ction 607.0505, Florida Statutes.		rporation s boa	rd of directors. Thereby accept the appearance of directors.	DATE	stered agent. ram
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	☐ DELETE	1 1 1170			□ c	hange
NAME	SANTIAGO, GUILLERMO O		1.2 NAM				
STREET ADDRESS	14210 S.W. 34 ST. MIAMI FL 33176			ET ADDRESS ST. ZIP			
CITY - ST - ZIP TITLE	MINMI FL 33170	☐ DELETE	2 1 1110				hange Addition
NAME			2.2 NAM	(
STREET ADDRESS			2.3 STRI	ET ADDRESS			
CHY-ST-ZIP		530045		- ST - ZIP			
THILE		☐] D€LETE	3 1 1111				hange 🔲 Addition
NAME STREET ADDRESS			3.2 NAM	EFI ADDRESS			
CITY-ST-ZIP				-SI-ZIP			
TITLE		DELETE	4. 1 TH	· · · · · · · · · · · · · · · · · · ·			hange 🔲 Addition
NAME			4.2 NAV				
STREET ADDRESS			43 SIR	ET ADDRESS			
CITY-ST ZIP		C DELETE		- ST - ZIP		L. V	hange
TITLE		☐ DELETE	5 1 101 5 2 NAN				hange [] Addition
NAME STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP				ST-ZIP			
TITLE		☐ DELETE	6 1 Isla				hange 🔲 Addition
NAME			62 NAM	li			
STREET ADDRESS			63STR	ET ADDRESS			
CITY - ST - ZIP			6.4 CITY	- ST- ZIP			

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)(k). 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 this opposition or the receiver or to thee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 60 and that my name are considered by the control of the con

SIGNATURE:

Dayton, Phone #