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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000021602 (5)

FILED May 13 1997 8:00am Secretary of State

| GORDILLO-ESPINOZA GROUP, INC- Principal Place of Business Mailing Address 7367 NW 36TH ST, 7367 NW 36TH | | BTH ST. | | | | | |
|--|--|--|--|---|-----------------------------------|--------------------------------------|------------------------------------|
| AMI FL 33122 | MIAMI FL 33168-6704 | | | | | | |
| | | | | 3. Date Incorporated or Qualified | | of Last R | eport |
| Principal Place of Business | 2a. Mailing Address | | | 03/21/1994 4. FEI Number | 05/0 | 9/1996 | - K F |
| rancipal riace of pushicss | 26. Maining Address | | | 65-0474994 | | | plied For t Applicabl |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | | | | | \$8.75 | |
| | 27 | | | 5. Certificate of Status Desired | | Fee Re | |
| City & State | City & State | | | 6. Election Campaign Financing | | \$5.00 | |
| | 28 | T "C5 | | Trust Fund Contribution | | Added (| |
| Zip Country | Zip | Count 30 | ry | This corporation has liability for Florida Statutes | r intangible ta ⊠ Yes □ | | 199.032, |
| 25 9. Name and Address of Curr | 29 29 29 29 29 29 29 29 29 29 29 29 29 2 | 1301 | ····· | 10. Name and Address of New B | | | |
| GORDILLO, ISABEL | | 8 | 1 Name | | | | , |
| 11252 N.W. 6TH STREET | | a | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL 33172 | | Ĺ | | | | | |
| | | 8 | 3 | | | | |
| | | 8 | 4 City | | | 85 Zip (| Code |
| | | Į. | | | <u>FL</u> | <u> </u> | |
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| agent I am familiar with, and accept the ob- SNATURE Signature, speed or partie name of registered OFFICERS A | Ale of Florida. Such change wa ligations of, Section 607.0505, agent and tale Tapplicable (N AND DIRECTORS | is authorized Florida Statut IOTE Registered A | by the corporales. | poration submits this statement for the tition's board of directors. I hereby acciding when renatating) ADDITIONS/CHANGES TO OFF | DATE | ntment as | registered |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #