

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 13 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022788
1. Corporation Name **GMG GROUP, INC.**

Principal Place of Business Mailing Address
14343 SW 97 LANE **SAME**
MIAMI, FLA. 33186

500001540515
-07/18/95--01102--004

DO NOT WRITE IN THESE SPACES **\$225.00

3. Date Incorporated or Qualified **03-24-94** 3a. Date of Last Report **1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		45-0476876		☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		☐	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

MARTHA GOMEZ
14343 SW 97 LANE
MIAMI, FLA. 33186

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	MARTHA GOMEZ	1 2 NAME	
STREET ADDRESS	14343 SW 97 LN	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33186	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	MIGUEL A. GOMEZ	2 2 NAME	
STREET ADDRESS	14343 SW 97 LN	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET 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 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: **Miguel A. Gomez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR**

7-3-95

Date

Daytime Phone #