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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9400032255

GUMENICK INVESTMENTS NO. 1, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90084 001 ***150.00



rincipal Place	of Business	Walling Address						
00 West avei IIAMI Beach I		900 WEST AVENUE MIAMI BEACH FL 33139		DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualifed 04/27/1994			
2. Principal Place of Business / 2a. Malling Address					4. FEI Number	- Ap	plied For	
					65-0488162		t Applicable	
		Suite, Apt. #, etc.	Ant # etc		03 0400 102	\$8.75		
Suite, Apt. 1	——————————————————————————————————————				5. Certifcate of Status Desired	Fee Re		
2 27 City & State // City & State					6. Election Campaign Financing	\$5.00	May Ro	
City & State	iani beach PC 28			_,	Trust Fund Contribution Added to Fees			
Zip ZZ	Country Zip C 139 25 U SA 29 30			<u> </u>	8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name			Ì	
DIAZ, MANNY				82 Street Address (P.O. Box Number is Not Acceptable)				
900 WEST AVENUE				Sueer	Aggress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33139								
						85 Zip (- ode	
			84	City	FL	_ [85] Zip 0	_ode	
office of n agent. I ai SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	Priorida. Such change was autrons of, Section 607.0505, Florida	a Statutes	tne corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as re	gistered	
12.	OFFICERS AND	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	1,1 TITLE	T		Change	Addition	
IAME	U1		1.2 NAME				1	
ĺ	% 900 WEST AVE.		ł	T ADDRESS			1	
STREET ADDRESS			1.4 CITY-S				-	
CITY-ST-ZIP			2.1 TITLE	11-21		Change	☐ Addition	
TITLE	_		2.2 NAME	ĺ		-,	ĺ	
NAME					•		}	
STREET ADDRESS	SS		2.3 STREET ADDRESS					
CITY-ST-ZIP	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
TITLE	C DECEIE				•			
NAME :			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		•			
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ITTLE		☐ DELETE	1	ļ		. Orange	L_ AUGUSTI	
MAME			6.2 NAME	1				
STREET ADDRESS				TADDRESS	•		ļ	
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP				

14. I 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 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, with all other like empowered.

SIGNATURE: