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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

P9400035234 (1)

DOCUMENT # P940003

1. Corporation Name

GAMBOLL & CRIS INCORPORATED

	DOLF & CING INCORPORAT	EU									
Principal Place	of Business	Mailing Address					HR BOHN BAIDD II				
18105 N.W. 81ST COURT MIAMI FL 33015		18105 N.W. 81ST COURT Miami Fl 33015									
						3. Date Incorporated or Qualified 05/06/1994	3a. Date o	1 Last F	•		
	ace of Business	2a. Mailing Address			1	4. FEI Number		-	Applied For		
Suite, Apt. :	# oto	Suite, Apt. #, etc.				65-0501227			Not Applicable		
22	#, BtC.	27] Suite, Apt. #, etc.			1	5. Certificate of Status Desired			5 Additional Required		
City & State		City & State			•	Election Campaign Financing     Trust Fund Contribution			00 May Be		
Zip <b>24</b>	Country 25	Zip <b>29</b>	Countr 30	у	1	8. This corporation has liability for in Florida Statutes Yes	. •	under s	199.032,		
	g. Name and Address of Curren	t Registered Agent	<u>'                                    </u>	<del></del>	11	0. Name and Address of New R	egistered Ag	jent	<del></del>		
			8	Name							
GARCIA, GISELA					Address (	ess (P.O. Box Number is Not Acceptable)					
18105 N.W. 81ST COURT MIAMI FL 33015			83	3			<del></del>				
			84	84 City 85 Zio							
				<u> </u>			FL				
or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	la. Such change was authorized	s, the above d by the cor	named co poration's	orporation board of	i submits this statement for the pur directors. I hereby accept the appo	pose of chang pintment as re	ging its i gistered	registered office d agent. I am		
SIGNATURE _	Signature typed or printed name of registered agent	and the Manufacture (AVTE	- 6-17-17-17-17-17-17-17-17-17-17-17-17-17-								
12.	OFFICERS AND		13.	ared Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI			IBECTO	7RS IN 12			
TETLE	P	DELETE	1. 1 TITLE		T	ADDITIONO/OF VINGEO TO OFF		Change	Addition		
NAMÉ	TAYBO, LISET		1.2 NAME			,			_		
STREET ADDRESS	18105 NW 81ST COURT		1.3 STREE	T ADDRESS							
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP							
TITLE	VP	☐ DELETE	2. 1 TITLE					Change	☐ Addition		
NAME	TAYBO, PEDRO A		2.2 NAME								
STREET ADDRESS	DRESS 18105 NW 81ST COURT 23S		2 3 STREE	T ADDRESS							
CITY-ST-ZIP	MIAMI FL		24 CITY-	ST-ZIP							
TITLE	ST	DELETE	3 1 TITLE		[			Change	Addition		
NAME	GARCIA, GISELA			3.2 NAME							
STREET ADDRESS	18105 NW 81ST COURT		3 3. STRE	ET ADDRESS							
CITY-ST-ZIP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·	34 CITY-	ST-ZIP							
TITLE		☐ DELETE	4 1 TITLE					Change	☐ Addition		
NAME			4 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDRESS					•		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	5 1 TITLE			<u> </u>		Change	☐ Addition		
NAME			5.2 NAME								

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 compiration or the freeeiver 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, do not attaching that I am address.

**5 3 STREET ADDRESS** 

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6 1 TITLE

62 NAME

SI	GI	NA	TL	JR	E
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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ATURE AND TOPE OF PRIVIED NAME OF SIGNING OFFICER OF DIRECT

DELETE

4/23/96 (305) 827-9384

☐ Change

☐ Addition

CR2E034 (12/95)