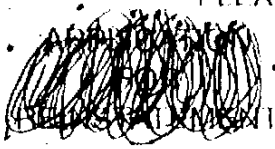


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Py 1082



FLORIDA DEPARTMENT OF STATE
97-98 AR
Sandra B. Worlman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035234

1. Corporation Name

GAMBOLI & CRIS INCORPORATED

Principal Place of Business

7235 GLENEAGLE DR
MIAMI LAKES, FL 33014

Mailing Address

7235 GLENEAGLE DR
MIAMI LAKES, FL 33014

If above addresses are incorrect, in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

State, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

State, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/06/1994

5. FEI Number

65-0501227

6. CERTIFICATE OF STATUS DESIRED ☐

Applied For
Not Applicable

\$8.75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	GEISHA L. PEREDA	7235 GLENEAGLE DR.	MIAMI LAKES, FL 33014
ST	GISELA GARCIA	7235 GLENEAGLE DR.	MIAMI LAKES, FL 33014

8. Name and Address of Current Registered Agent

GEISHA L. PEREDA
7235 Gleneagle Dr.
MIAMI LAKES, FL 33014

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Geisha Pereda

REGISTERED AGENT MUST SIGN

Date

9/2/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax)

12. I certify that I am an officer or director or the president or partner empowered to execute this application as provided for in chapter 607 of F.S. I further certify that when filing this return of information, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and that the name of individuals listed on the form do not qualify for an exemption under section 119.02(3)(b), F.S. The information indicated on this application is true and correct and my corporation shall have the same legal effect as if made under oath.

SIGNATURE:

Geisha Pereda

Geisha L Pereda

9/2/98

Signature and typed or printed name of signing officer or director

Date

Printed Name