FEE NOW. FILING FEE AFTER MAY 1st IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 25 PM 3:38
SECRETARY OF STATE
[redacted]

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~~

4/26/99 900011013 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1994

2. Principal Place of Business: 1840 W 49th st	2a. Mailing Address: 1840 W 49th st
Suite, Apt #, etc: 511	Suite, Apt #, etc: 511
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33012 Country:	Zip: 33012 Country:

4. FEI Number: 65-0501227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~PEREDA, GEISHA L~~
~~7235 GLENEAGLE DR~~
~~MIAMI LAKES FL 33014~~

10. Name and Address of New Registered Agent
Name: GARCIA GISELA
Street Address (P.O. Box Number is Not Acceptable): 7235 Glen Eagle Dr
City: Miami Lakes FL Zip Code: 3301[illegible]

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1 TITLE	P	☒ Change ☐ Add
NAME	PEREDA, GEISHA L		NAME	Garcia Gisela	
STREET ADDRESS	7235 GLENEAGLE DR		STREET ADDRESS	7235 Gleneagle Dr	
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	ST	☐ DELETE	2 TITLE	S	☐ Change ☒ Add
NAME	GARCIA, GISELA		NAME	Pedro Fiallo	
STREET ADDRESS	7235 GLENEAGLE DR		STREET ADDRESS	1471 W 43 RD PL ste 101	
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ DELETE	3 TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		LS ☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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: X [signature] [signature] 4/20/99 (305) 877-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR