PROFIT CORPORATION ANNUAL REPORT

**1996**

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

# DOCUMENT # P94000048602 (4)

1. Corporation Name

**GURICA CORPORATION INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~500 MISTY OAKS DRIVE~~<br>~~POMPANO BEACH FL 33069~~ | ~~500 MISTY OAKS DRIVE~~<br>~~POMPANO BEACH FL 33069~~ |

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report: 06/05/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4995 NW 72 AVE | 26 4995 NW 72 AVE |
| Suite, Apt. #, etc. 22 SUITE 303 | Suite, Apt. #, etc. 27 SUITE 303 |
| City & State 23 MIAMI FL | City & State 28 MIAMI FL |
| Zip 24 33166 Country 25 USA | Zip 29 33166 Country 30 USA |

4. FEI Number: ~~APPLIED FOR~~ 65-0518260 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**
**1200 S. PINE ISLAND ROAD**
**PLANTATION FL 33324**

10. **Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RIVAS, GUSTAVO<br>~~500 MISTY OAKS DRIVE~~<br>~~POMPANO BEACH FL 33069~~ | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>c/o ADANA NV<br>4995 NW 72 AVE STE 303<br>MIAMI FL 33166 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DE RIVAS, SULAY C<br>~~500 MISTY OAKS DRIVE~~<br>~~POMPANO BEACH FL 33069~~ | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>c/o ADANA NV<br>4995 NW 72 AVE STE 303<br>MIAMI FL 33166 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>000001857320<br>-06/11/96--01012--032<br>***225.00 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition | |

CR2E034 (12/95)

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:** _____ GUSTAVO RIVAS 05/02/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #