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APPROVED
AND
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95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000052421 (2)

1. Corporation Name

GULFSTREAM DEVELOPMENT, INC.

Principal Place of Business

825 COLLINS AVE UNIT 6
MIAMI BEACH FL 33139

Mailing Address

825 COLLINS AVE UNIT 6
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 2451 Brickell Ave

2a. Mailing Address

26 2451 Brickell Ave

4. FEI Number

65-057-4566

☒ Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22 CB-2

Suite, Apt. #, etc.

27 CB-2

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 Miami FL

City & State

28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33129

Country

Zip

29 33129

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MUKHTAR, SAID A
825 COLLINS AVE UNIT 6
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Said Al Mukhtar

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

2451 Brickell Ave

83 #18-U

84 City

Miam

FL

85 Zip Code

33129

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

Said Al Mukhtar

4/25/95

12. OFFICERS AND DIRECTORS

TITLE

PSD

NAME

MUKHTAR, SAID A

STREET ADDRESS

825 COLLINS AVE UNIT 6

CITY, ST, ZIP

MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PSD

☒ Change ☐ Addition

2. NAME

Said Al Mukhtar

3. STREET ADDRESS

2451 Brickell Ave #18-U

4. CITY, ST, ZIP

Miami FL 33129

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

☐ Change ☐ Addition

15. NAME

16. STREET ADDRESS

17. CITY, ST, ZIP

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13. If changed, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Said Al Mukhtar

4/25/95

857-9995