

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

Mailing Address

2451 BRICKELL AVE  
CB-2  
MIAMI FL 33129  
US

2451 BRICKELL AVE  
CB-2  
MIAMI FL 33129  
US

2. Principal Place of Business

2a. Mailing Address

21 1765 FAIRHAVEN PLACE  
Suite, Apt. #, etc.

26 1765 FAIRHAVEN PL.  
Suite, Apt. #, etc.

22 City & State  
23 COCONUT GROVE, FL.

27 City & State  
28 COCONUT GROVE, FL.

24 Zip 33133 25 Dade County

29 Zip 33133 30 Dade County

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0574566

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 ☒

10. Name and Address of New Registered Agent

81 Name Said Al Mukhtar

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

1765 FAIRHAVEN PLACE

83

84 City COCONUT GROVE

FL

85 Zip Code

33133

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

Said Al Mukhtar

4/10/96

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME ALMUKHTAR, SAID  
STREET ADDRESS 2451 BRICKELL AVE, #18-U  
CITY-ST-ZIP MIAMI FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Said Al Mukhtar

Date

Daytime Phone

12051858-8787

CR2E034 (12/95)