

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000063053 (0)**

1. Corporation Name

GXR, INC.

Principal Place of Business

**6270 N.W. 37TH TERRACE
MIAMI FL 33166**

Mailing Address

**6270 N.W. 37TH TERRACE
MIAMI FL 33166**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

08/01/1995

4. FEI Number

65-0594964

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

**DESTEPHEN, ANDREW
6270 N.W. 37TH TERRACE
MIAMI FL 33166**

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 607.1502, 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

Signature, typed or printed name of registered agent and the name of the

(If the Registered Agent signature requires other identifying

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DESTEPHEN, ANDREW
6270 N.W. 37TH TERRACE
MIAMI FL 33166**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
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25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP

☐ Change ☐ Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP

☐ Change ☐ Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP

☐ Change ☐ Addition

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP

☐ Change ☐ Addition

41. TITLE
42. NAME
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44. CITY-ST-ZIP

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73. TITLE
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77. TITLE
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☐ Change ☐ Addition

81. TITLE
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83. STREET ADDRESS
84. CITY-ST-ZIP

☐ Change ☐ Addition

85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-ST-ZIP

☐ Change ☐ Addition

89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP

☐ Change ☐ Addition

93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP

☐ Change ☐ Addition

97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96 305-871-6976

CR2E034 (12/95)