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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000069629 (1)

1. Corporation Name  
GENDES LAMPS, INC.

Principal Place of Business

2365 CORAL WAY  
MIAMI FL 33145

Mailing Address

2365 CORAL WAY  
MIAMI FL 33145-3510

3. Date Incorporated or Qualified  
09/19/1994

3a. Date of Last Report  
02/20/1996

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

4. FEI Number

65-0524369

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

GENDES, FRANCISCO  
3370 S.W. 21 STREET  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
120 S.W. 33 AVENUE

83

84 City  
Miami

FL

85 Zip Code  
33135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME GENDES, FRANCISCO  
STREET ADDRESS 3370 SW 21 ST.  
CITY-ST-ZIP MIAMI FL 33135

TITLE DT ☐ DELETE  
NAME RODRIGUEZ, ZENaida  
STREET ADDRESS 3370 SW 21 ST.  
CITY-ST-ZIP MIAMI FL 33135

TITLE SD ☐ DELETE  
NAME GENDES, DIGNA  
STREET ADDRESS 3370 SW 21 ST.  
CITY-ST-ZIP MIAMI FL 33135

TITLE VD ☐ DELETE  
NAME GENDES-MATEO, FRANCISCO  
STREET ADDRESS 3370 SW 21 ST.  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 120 S.W. 33 AVENUE  
1.4 CITY-ST-ZIP Miami, Florida 33135

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 120 S.W. 33 AVENUE  
2.4 CITY-ST-ZIP Miami, Florida 33135

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 120 S.W. 33 AVENUE  
3.4 CITY-ST-ZIP Miami, Florida 33135

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 120 S.W. 33 AVENUE  
4.4 CITY-ST-ZIP Miami, Florida 33135

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-96 (305) 858-0850

CR2E034 (9/96)