PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075269 1. Corporation Name

GUASCH ENTERPRISES, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90006 009 ***150.00

		_							
Principal Place of Business Mailing Address							i 108(100) 110 101(1 019)(98(1) 08)(1 00)(1 00)(1	/BOD) D1810 (B	
3050 S.W. 107TH AVENUE 3050 S.W. 107TH AVENUE									
MIAMI FL 33165 MIAMI FL 33165		MIAMI FL 33165				ļ	DO NOT WRITE IN THIS	SPACE	
						3.	Date Incorporated or Qualifed		
							10/13/1994		
Principal Place of Business 2a. Mailing Address							FEI Number		Applied For
21		26					65-0535761		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certificate of Status Desired		Additional
22 27						<u> </u>			Required
City & State City & State						6.	Election Campaign Financing	•	May Be
Zip Country Zip			Country				Trust Fund Contribution		to Fees
24 Zip	25	29 3	_	',		8.	This corporation owes the current year Int Personal Property Tax.	angiole □ Yes	□No
	9. Name and Address of Current		1			10.	Name and Address of New Registered	Agent	
		*	8	1	Name				
GUASCH, MERCEDES			\ <u>.</u>	82 Street Addre			2.O. Box Number is Not Acceptable)		
3050 S.W. 107TH AVENUE			"	82 Street Add		33 (1	.O. DOX Number is not Acceptabley		
MIAMI FL 33165			8	3					
			(8.	4	City			85 Zip	Code
							FL	. ` `	
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.									ts registered registered
SIGNATURE		ANOTE D			all and the second	b.an 5	einstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 1 12. OFFICERS AND DIRECTORS			egistered Agent signature required		Signature required i		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PD DELETE			1.1 TITLE				Change	
NAME	GUASCH, MANUEL		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP						
TITLE			2.1 TITLE	2.1 TITLE				Change	Addition
NAME -	GUASCH, MERCEDES		2.2 NAME					1	
STREET ADDRESS	RESS 3050 S.W. 107TH AVE.		2.3 STREET ADDRESS		ADDRESS				}
CITY-ST-ZIP	MIAMI FL 33165		2. 4 CITY-ST-ZIP		-ZIP				-
TITLE	DELETE		3.1 TITLE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME	E					İ
STREET ADDRESS	ET ADDRESS		3.3 STREET ADDRESS					ì	
CITY-ST-ZIP			-	3.4. CITY-ST-ZIP					- Addision
TITLE				4.1 TITLE				☐ Change	e
NAME			4. 2 NAM	_	}				}
STREET ADDRESS				4.3 STREET ADDRESS)
CITY-ST-ZIP				1.4 CITY-ST-ZIP				☐ Change	e
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Criange	- C Acquion
NAME					ADDRESS				1
STREET ADDRESS			5.4 CITY-		1]
CITY-ST-ZIP			6.1 TITLE					Change	e

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(305)551-427 Dayliffe Phone # CR2E034 (11/98)

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