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FILED
Sep 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000087474 (0)**

1. Corporation Name

G.I.P. CONSTRUCTION MANAGEMENT INC.

Principal Place of Business

**10110 NW 130 STREET
HIALEAH GARDENS FL 33018
US**

Mailing Address

**P.O. BOX 143952
CORAL GABLES FL 33114
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1994

4. FEI Number

65-0538062

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 333 PALERMO AVE

Suite, Apt. #, etc.

City & State

23 CORAL GABLES

Zip

24 33134

Country

25 MIAMI DADE

2a. Mailing Address

26 333 PALERMO AVE

Suite, Apt. #, etc.

City & State

28 CORAL GABLES

Zip

29 33134

Country

30 MIAMI DADE

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418**

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 607.1508, 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 **GUSTVTE, PETER I**
STREET ADDRESS **10110 N.W. 130 ST.**
CITY-ST-ZIP **HIALEAH GRDENS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
1.2 NAME **GUSTAVE. PEREZ I.**
1.3 STREET ADDRESS **333 PALERMO AVE**
1.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **NORMA M. PEREZ**
2.3 STREET ADDRESS **333 PALERMO AVE**
2.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

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 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:

Norma M. Perez

Norma M. Perez

8/26/98 305-444-3959

CR2E034 (10/97)