

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 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 # P94000089475 (5)

1. Corporation Name
GMT CONSOLIDATORS, INC.

Principal Place of Business

8751 W BROWARD BLVD
SUITE 404
PALMNTATION FL 33324
US

Mailing Address

8751 W BROWARD BLVD
SUITE 404
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1994

4. FEI Number

65-0560679

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 8411 W OAKLAND PK BLVD

Suite, Apt. #, etc.

22 200

City & State

23 FT LAUDERDALE FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 8411 W OAKLAND PK BLVD

Suite, Apt. #, etc.

27 200

City & State

28 FT LAUDERDALE FL

Zip

29 33351

Country

30 USA

9. Name and Address of Current Registered Agent

GUSMAO, INACIO J
11621 N.W. 24TH STREET
PLANTATION FL 33323

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 607.05-02 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

STD
NAME GUSMAO, INACIO J
STREET ADDRESS 11621 N.W. 24TH STREET
CITY-ST-ZIP PLANTATION FL 33323

☐ DELETE

TITLE

PD
NAME ALBANO, WALTER
STREET ADDRESS 660 N. STATE ROAD 7, SUITE 7
CITY-ST-ZIP PLANTATION FL 33317

☒ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INACIO
GUSMAO

Date

3/4/98

Daytime Phone # 0294283

CR2034 (10/97)