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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004965

1. Corporation Name

GUGELMIN, INC.

569787 - 90016 - 41

Principal Place of Business	Mailing Address
901 Ponce De Leon Blvd. Suite 701 Coral Gables, FL 33134	901 Ponce De Leon Blvd. Suite 701 Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 14 TAHITI BCH ISLAND ROAD	2a. Mailing Address: 26 14 TAHITI BCH ISLAND ROAD	3. Date Incorporated or Qualified: 1/19/95	
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 65-0552446	☐ Applied For ☐ Not Applicable
City & State: CORAL GABLES, FL	28 CORAL GABLES, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 33143 Country: 25 USA	29 33143 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAM H. ALBORNOZ, ESQ. 901 PONCE DE LEON BLVD SUITE 701 CORAL GABLES, FL 33134	81 Name: MAURICIO GUGELMIN 82 Street Address (P.O. Box Number is Not Acceptable): 14 TAHITI BEACH ISLAND ROAD 83 84 City: CORAL GABLES FL 85 Zip Code: 33143

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] 5/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	Mauricio Gugelmin	1.2 NAME	MAURICIO GUGELMIN
STREET ADDRESS	901 Ponce De Leon Blvd. Suite 601	1.3 STREET ADDRESS	14 TAHITI BEACH ISLAND ROAD
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: X [signature] 4/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date