

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

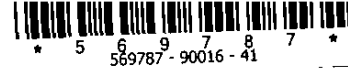
FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90033 008 ***150.00

DOCUMENT # P95000004965

1. Corporation Name

GUGELMIN, INC.



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
Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip
33143

Country
USA

2a. Mailing Address

14 TAHITI BCH ISLAND ROAD
Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip
33143

Country
USA

3. Date Incorporated or Qualified

1/19/95

4. FEI Number

65-0552446

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 the current year intangible

Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

WILLIAM H. ALBORNOZ, ESQ.
901 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

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

5/30/99

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	Mauricio Gugelmin	
STREET ADDRESS	901 Ponce De Leon Blvd. Suite 601	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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	D	☒ Change ☐ Addition
1.2 NAME	MAURICIO GUGELMIN	
1.3 STREET ADDRESS	14 TAHITI BEACH ISLAND ROAD	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

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