

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Monham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000006063 (8)**

1. Corporation Name

GATTAMORTA-CHANIN CONSTRUCTION, INC.

Principal Place of Business

**1017 JEFFERSON AVENUE STE. 107
MIAMI BEACH FL 33139**

Mailing Address

**1017 JEFFERSON AVENUE STE. 107
MIAMI BEACH FL 33139**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GATTAMORTA, CARLOS
1017 JEFFERSON AVENUE STE. 107
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

4. FFI Number

65-0549295

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0501 and 607.1509, 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, therefore, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
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CITY-STATE-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PD
GATTAMORTA, CARLOS
1017 JEFFERSON AVENUE STE. 107
MIAMI BEACH FL 33139
SD
CHANIN, CLIFFORD
4545 ALTON ROAD
MIAMI BEACH FL 33140**

☐ DELETE

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☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

☐ Change

☐ Addition

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☐ Addition

☐ Change

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or statement of 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of change form or an attachment to an address.

SIGNATURE: *Carlos Gattamorta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

305 531-8276

CR2E034 (12/95)