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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028821 (3)

G. AMAT BOBCAT SERVICES INC.

280 N.W. 125TH AVENUE MIAMI FL 33182	280 N.W. 125TH AVENUE MIAMI FL 33182-1250	
Principal Place of Business	Mailing Address	

FILED Feb 13 1997 8:00am Secretary of State



MIAMI FL 33182		MIAMI FL 33182-1250					
					3. Date incorporated or Qualified 04/12/1995	3a. Date of L 03/26/19	
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0578974		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip	Country 30	7	8. This corporation has liability for Florida Statutes	intangible tax und	der s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent	
280	t, gerardo v n.w. 125th avenue AI FL 33182		81 82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
: •			84	City		FL 85	Zip Code
SIGNATURE					rporation submits this statement for the ation's board of directors. I hereby acce		ing its registered nt as registered
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered a	gent and title it applicable (NO ND DIRECTORS	TE: Flogistered Ag	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	TODE IN 12
12. TUTLE	PD OFFICENS A	DELETE	1.1 TITLE		Tanking and the same and the sa		ange Addition
NAME	AMAT, GERARDO V		1.2 NAME		JOVIET HMAT.	dve	•
STREET ADDRESS	280 N.W. 125TH AVENUE	•		T ADDRESS		_	Treasure
CITY - S1 - 7IP	MIAMI FL 33182		1.4 CITY-	ST - ZIP	Mumi Fla. 33	182.	
TITLE	STO	DELETE	2.1 TITLE			☐ Ch	ange Addition
NAME	AMAT, ACELA G		22 NAME				
STREET ADDRESS	280 N.W. 125TH AVENUE		23 STREE	T ADDRESS			
CITY - S1 - ZIP	MIAMI FL 33182	Delete	2.4 CITY-	ST-ZIP			
THLE		DELETE	3.1 TITLE			∐ Ch	ange Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADORESS			
CHY-ST-ZIP TITLE		DELETE	3.4 CITY- 4.1 TITLE	51-ZIP		Ch	ange Addition
NAME			4. 2 NAME			-	
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY- ST-ZIP			4.4 C(TY+	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Ch	ange Addition
NAME			5.2 NAME				
STHEET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		The term	5.4 CITY-	ST-ZIP			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE		DELETE	6.1 TITLE			☐ Ch	ange Addition
NAME			6.2 NAME	1			
STREET ADORESS				T ADDRESS			
C(1Y-ST-ZIF			6.4 CITY-	ST-ZIP			

I do 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.