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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000032935

1. Corporation Name

G.I.F.O., INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90160 021 \*\*\*150.00



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Principal Place of Business Mailing Address					i imbilder ira idra) ditts antet metr matre ma	'AS 16118 11846 18188	INDI BIN TOBI
825 S BAYSHORE DR					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 04/24/1995		
2 Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number	Ap	plied For
21	abe of Business	26			65-0588556	<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State	-	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Countr	гу	8. This corporation owes the current year		_
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	ed Agent	
			8	1 Name			Ì
DINER, MANUEL			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	,	
141 NE 3 AVE							
	E 601		8	3			ļ
MAN	AI FL 33132	•	8	4 City	F	85 Zip C	Code
			the ehe	Vo nomed so	erporation submits this statement for the nurnose	of changing its	registered
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 posed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typed or printed name of registered agent		gistered Ag	ent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS ANI	DELETE	1.1 TITLE		ADDITIONO/OFFICION TO OFFI TO EAST	Change	Addition
ļ ,	ZANIN, DOMINICO		1.2 NAME	ŧ			}
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TITLE	MIZAMI I E 30101	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	<b>■</b>			ļ
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CITY-SY-ZIP			4.4 CITY-				Addition
) III/E		☐ DELETE	5.1 TITLE	I .		Change	☐ Addition
NAME			5.2 NAME				
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CITY-ST-ZIP	<u> </u>	D SCIETE	5.4 CTTY- 6.1 TITLE			Change	Addition
TITLE	. '	☐ DELETE	6.2 NAME			T ourside	
NAME		•		ļ			Į
STREET ADDRESS	. ,			ET ADDRESS			1

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 truetee enpowered 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

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