SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORFORATIONS

1996

DOCUMENT #

P95000042619 (3)

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	11	А	LAIRPURATION

1231 N.W. 87TH WAY PEMBROKE PINES FL 33024 1231 N.W. 87TH WAY PEMBROKE PINES FL 33024 3. Date Incorporated or Qualified Of Qualifi	GDA	CORPORATION								
PEMBROKE PINES FL 2024 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Date incorporates or Qualified 3. Date of East Report 4. Fell turners 3. Date incorporates or Qualified 3. Date of Least Report 6. Cet & S. J. P. Fell Curners 5. Cet Macard of Status Description 5. Cet Macard of Macard of Status Description 5. Cet Macard of Status Description 6. Cet Macard of Maca	Principal Place	e of Business	Ma	ailing Address				I DEALINDI KAN JAHAN DILEH BANKE MAKKI MEN	i Ba hir Er a re	
Principal Place of Business 28 Mailing Address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
Suite, Apt. #, etc. Suite, Ap			·-···-			*****		06/01/1995	3a. Date	of Last Report
Suite Apt #, etc.	2. Principal Pl	ace of Business	—	Mailing Address						
27		#, etc								
20	22	22			7			5. Certificate of Status Desired		
Zip	 			City & State				6. Election Campaign Financing		\$5.00 May Be
25	23		28	·· <u>·</u>	T			Trust Fund Contribution	Ц	Added to Fees
10. Name and Address of New Registered Agent	<u> </u>	⊢ '		Zip	\vdash	untry	,	T-2		I
ARANGO, GUSTAVO D 1231 N.W. 87TH WAY PEMBROKE PINES FL 33024 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Fiorida Statutes the above named corporation sibrins this statement for the purpose of changing its registered agent, or both in the State of Florida Statutes the above named corporation sibrins this statement for the purpose of changing its registered agent. Or both in the State of Florida Statutes. SIGNATURE Specific Research (P.O. Box Number is Not Acceptable) 10 PVST Specific Research (P.O. Box Number is Not Acceptable) 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Fiorida Statutes. SIGNATURE Specific Research (P.O. Box Number is Not Acceptable) 12 OFF (CEPS AND DIRECTORS) 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 PVST ARANGO, GUSTAVO D 12 NAME 13 STREET ADDRESS 1231 N.W. 87TH WAY 13 STREET ADDRESS 1231 N.W. 87TH WAY 13 STREET ADDRESS 124 N.W. 87TH WAY 13 STREET ADDRESS 13 STREET ADDRESS 14 Name 15 Name 16 Change Addition 16 NAME 16 NAME 17 Name 18	24			lered Agent	[30]	Γ				
1231 N.W. 87TH WAY PEMBROKE PINES FL 33024 82 Street Address (P.O. Box Number is Not Acceptable) 83	10					81	Name	70. Halle alle Plantes of Herr Hey	istored Ag	
PEMBROKE PINES FL 33024 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuts the above-named corporation submits this statement for the pursuase of changing list registered agent, or both in the Stato of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application of special price and increased agent are familiar with, and accept the obligations of. Section 607.6505. Familiar and price was authorized by the corporation's board of directors. I hereby accept the application of special price and the special price and price was authorized by the corporation's board of directors. I hereby accept the application of special price and pri						20		(0.0 5)		
Ba						82	Street Addre	Iress (P.O. Box Number is Not Acceptable)		
The present to the provisions of Sections 607 0509 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE True	PEN	IDNORE FINES PL 33024				83				
The present to the provisions of Sections 607 0509 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE True						9.4	City	······································		or Zo Codo
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 than familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature by Signature by Signature interpretation of approvation.							City		FL	2ip Code
SIGNATURE	office or re	egistered agent, or both in the State.	of Florid	 Such change was a 	authorize	vd b	the corporatio	ration submits this statement for the pu	rpose of cha	anging its registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	agent Lar	m familiar with, and accept the obliga	ations of	, Section 607.0505, Fig.	orida Stal	utes	ine osiperano	to be a second of the second o	are appoint	non as rogiste ou
12.	SIGNATURE	Control to the state of the sta			81 85 5C				5	
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City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 14. Ho 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 1	<u> </u>	nu cortifu that the information curved o	d with th	io filmo io unhimanihi f				to for the exemption stated in Contract	10.07(2)(1)	Florida Cratidos 1

further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature 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 617, Florida Statutes, and that my name appears in Block 32 or Block 13 if charged or organ attachment with an address

SIGNATURE:

NAME OF SIGNING PFICER OR DIRECTOR