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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000042619 (3)

1. Corporation Name

G D A CORPORATION



Principal Place of Business

1231 N.W. 87TH WAY
PEMBROKE PINES FL 33024

Mailing Address

P.O. BOX 848001
PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1995

4. FEI Number

65-0590206

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 12620 Vista Isle Dr.

Suite, Apt. #, etc.

22 #1028

City & State

23 Sunrise, FL.

Zip

24 33325

Country

25 USA

2a. Mailing Address

26 P.O. Box 451306

Suite, Apt. #, etc.

27

City & State

28 Sunrise, FL.

Zip

29 33345-1306

Country

30 USA

9. Name and Address of Current Registered Agent

ARANGO, GUSTAVO D
1231 N.W. 87TH WAY
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

ARANGO, GUSTAVO D

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

12620 Vista Isle Dr.

83

#1028

84 City

Sunrise

FL

85 Zip Code

33325

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

Gustavo D. Arango

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/98

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME ARANGO, GUSTAVO D
STREET ADDRESS 1231 N.W. 87TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DCMD ☐ DELETE

NAME ARANGO, GUSTAVO D
STREET ADDRESS 1231 N.W. 87TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33024

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 PVST ☒ Change ☐ Addition

1.2 NAME ARANGO, GUSTAVO D
1.3 STREET ADDRESS 12620 Vista Isle Dr. #1028
1.4 CITY-ST-ZIP Sunrise, FL. 33325

2.1 TITLE DCMD ☒ Change ☐ Addition

2.2 NAME ARANGO, GUSTAVO D
2.3 STREET ADDRESS 12620 Vista Isle Dr. #1028
2.4 CITY-ST-ZIP Sunrise, FL. 33325

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.

SIGNATURE

Gustavo D. Arango

4/11/98

CR2E034 (10/97)