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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043801

GARWO	DD SALES, INC.							
Principal Place of Business Mailing Address) (delige the reset and service and	41444 (1151 1571 4	
201 S. BAYSHO SUITE 1920 MIAMI FL 33131		201 S. BAYSHORE BLVD SUITE 1920 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE				
MININ I L 00101						3. Date Incorporated or Qualifed 06/06/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26				65-0598139		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	j.
22	~	27				Fee Required		
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28				Trust Fund Contribution		, Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Ir	itangible	⊠ No
24	25		30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81 N	Name	10. Name and Address of New Registered	Agent	
FERRELL, MILTON M JR.				ין יי	vanie			
201 S. BISCAYNE BLVD.			7	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		_
SUITE 1920			-	-				
MIAMI FL 33131			[83				
MIPU	II FL 33131		1	84 (City		85 Zip C	ode
		· · · · · · · · · · · · · · · · · · ·				FI		
1 office or re	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was aut	norizea	by the	amed corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	r changing its i intment as reg	jistered
SIGNATURE						d when remstating) DATE		
				Agent sig	gnature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.		D DIRECTORS DELETE	13.			ADDITIONS/OFFACES TO SET TO ELLO A	Change	Addition
TITLE			1.2 NAN				_ ,	_
NAME	Tellitee, met of mon.				00500			
1	MILLS III COLOR			REETAD	1			
CITY-ST-ZIP			2.1 TITL	Y-ST-ZI	P		Change	Addition
πιε			2.1 IIIL					
NAME	THOMOLEO, GILGO							İ
STATE PADRICES			1	REETAD				
0117-01-211			4	2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	<u> </u>		1	3.1 TITLE 3.2 NAME			Gridings	
NAME	l					•		
STREET ADDRESS				REET AD				ļ
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE		C) DELETE			1			٠, ١,٠٠٠٠٠١
NAME			4. 2 NA		-			
STREET ADDRESS				REETAD	- 1			
CTTY-ST-ZIP		□ BCI ETE		Y-ST-ZI	IP		☐ Change	Addition
lmne i		☐ DELETE	5.1 TITL	ᄕ			L. Johnson	

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, with all other like ampowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition