FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000046679 (3)**

1. Corporation Name

GINEL CORP.

Principal Place of Business	Mailing Address
7121 MIAMI LAKES DR. #Q3 MIAMI LAKES FL 33014	7121 MIAMI LAKES DR. #Q3 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 06/15/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 14828 BALGOWAN Rd.
22: Suite, Apt. #, etc.
23: City & State: Miami LAKES Fl. 33016
24: Zip: 33016
25: Country: DADE

2a. Mailing Address
26: 14828 BALGOWAN RD.
27: Suite, Apt. #, etc.
28: City & State: Miami LAKES Fl. 33016
29: Zip: 33016
30: Country: DADE

4. FEI Number: 65-0592960 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANCO, GUILLERMO
7121 MIAMI LAKES DR.
#Q3
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 14828 BALGOWAN RD
83:
84 City: MIAMI LAKES FL 85 Zip Code: 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is a corporation (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BLANCO, NELLY	
STREET ADDRESS	7121 MIAMI LAKES DR. #Q3	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	STD	☐ DELETE
NAME	BLANCO, GUILLERMO	
STREET ADDRESS	7121 MIAMI LAKES DR. #Q3	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
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	PD	☒ Change ☐ Addition
1.2 NAME	BLANCO, NELLY	
1.3 STREET ADDRESS	14828 BALGOWAN RD	
1.4 CITY-ST-ZIP	MIAMI LAKES Fl. 33016	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	BLANCO GUILLERMO	
2.3 STREET ADDRESS	14828 BALGOWAN RD	
2.4 CITY-ST-ZIP	MIAMI LAKES Fl. 33016	
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		

CR2E034 (12/95)

14. I do 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. 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: _____ 6/11/9 305-8256576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Guillermo Blanco