

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 # P95000060439 (3)

1. Corporation Name

G.G.C., CORP.



Principal Place of Business

2200 SW 84TH AVENUE  
MIRAMAR FL 33025

Mailing Address

2200 SW 84TH AVENUE  
MIRAMAR FL 33025

3. Date Incorporated or Qualified  
08/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 21332 West Dixie Highway

26 21332 WEST DIXIE HIGHWAY

4. FEI Number

65-0597417

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

NORTH MIAMI BEACH, FL

28 City & State

NORTH MIAMI BEACH, FL

24 Zip

33180

25 Country

USA

29 Zip

33180

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORIN, MOISES

2200 SW 84TH AVENUE  
MIRAMAR FL 33025

81 Name GORIN MOISES

82 Street Address (P.O. Box Number is Not Acceptable)  
21332 WEST DIXIE HIGHWAY

83

84 City NORTH MIAMI BEACH

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

*Moises Gorin* MOISES GORIN

4/12/96

Signature typed or printed name of registered agent and date of appointment

12016 Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GORIN, MENDEL  
STREET ADDRESS 2200 SW 84TH AVENUE  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ DELETE

TITLE VTD  
NAME GORIN, JUAN  
STREET ADDRESS 2200 SW 84TH AVENUE  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ DELETE

TITLE SD  
NAME GORIN, MOISES  
STREET ADDRESS 2200 SW 84TH AVENUE  
CITY-ST-ZIP MIRAMAR FL 33025 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.S.D. ☒ Change ☐ Addition  
1.2 NAME GORIN MENDEL  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE P.D. ☒ Change ☐ Addition  
3.2 NAME GORIN MOISES  
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 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:

*Moises Gorin* MOISES GORIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

(305) 937-1901

Daytime Phone

CR2E034 (12/95)