FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	Name	000068562	(4)			
GUIM	rech inc.					
Principal Place of Business Mailing Address					FINDERDOLEIG SAM MEIN MOUNT RANS	r dûllir dâjed âliêt sêşaş bəlin atıra əlar tabi
834 VENETIA		834 VENETIA				
CORAL GABL	ES FL 33134	CORAL GABLES F	L 33134			
					3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 65 - 0609095	Applied For
21		26			63 - 060707-	Not Applicable \$8.75 Additional
Suite, Apt #	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State		Orty & State	Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Count		8. This corporation has Lability for	
24	25	29	30	• •	Florida Statutes Yes	
	9. Name and Address of Ci				10. Name and Address of New	Registered Agent
	***************************************		8	1 Name		
GUIM, RAUL				2 Street Add	ess (F.O. Box Number is Not Accepta	ble)
834 VENETIA						
CORAL	GABLES FL 33134		ľ	3		
İ			8	4 City		FL 85 Zip Code
41 Diversant	to the provisions of Sections 607	0502 and 607 1508 Flooda S	tatutes, the above	named corpo	ration submits this statement for the pu	mose of changing its registered office
ar register	red agent, or both, in the State of th, and accept the obligations of	Elonda, Such channe was auf	horized by the co	rporation's boa	ration solutions this statement for the principle of directors. I hereby accept the app	nointment as régistered agent. I am
	in, and accept the deligation a or.	36. 11 11. 004 10.0004 1 10404 040				
SIGNATURE	Signative typed or posterinal is of oignitive		JAME Roy Good A	port signat no compan-		DATE CONTOUR ALL OF
12.		SIAND DIRECTORS DELETE	13.		ADD/TIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
THUE	D GUIM, RAUL 834 VENETIA					
NAME AMECA ADDOCESIS			1.2 NAN	ELL ADOPESS		
STREET ADORESS	CORAL GABLES FL 331	34		(-\$1-ZIF		
CHY-ST-ZIP TITLE	COME CADLED I E GOT	["] DELETE				Change Addition
NAME			2.2 NAM	đi:		
STREET ADDRESS			2 3 STR	EFF ADDRESS		
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TITLE			3 1 111	ı f		Change Addition
NAME			3 2 NA			
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CITY-ST-ZIP				r - ST - ZIF		Change Addition
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NAME STREET ADDRESS				EET ADDRESS		
City-ST-ZIP				Y - \$1 - ZIP		
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NAME			5.2 NA	ME		
STREET ADDRESS			53SI	REET ADDRESS		
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	Y - ST - ZIP		☐ Change ☐ Add tion
TITLE	1	[]] DELET	6111	(F		☐ Change ☐ Add-tion

6.4 C(T) - \$1'-7(P) 14. To 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 chapter 607.

6.2 NAME

6 3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2/2/96 (305) 444-7168

CR2E034 (12/95)