

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 029 ***150.00

DOCUMENT # **P95000068562**

1. Corporation Name
GUIM TECH INC.



Principal Place of Business
3663 S.W. 8TH STREET
205
CORAL GABLES FL 33135

Mailing Address
834 VENETIA
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3663 SW 8th Street

2a. Mailing Address
26 3663 S.W. 8th Street

3. Date Incorporated or Qualified
09/06/1995

4. FEI Number
65-0609095

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Third Floor

Suite, Apt. #, etc.
27 Third Floor

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 MIAMI FL

City & State
28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 33135

Country
25 USA

Zip
29 33135

Country
30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUL, GUIM
3663 S.W. 8TH ST
STE 205
MIAMI FL 33135

81 Name
RAUL GUIM
82 Street Address (P.O. Box Number is Not Acceptable)
3663 S.W. 8th Street Third Floor
83
84 City
MIAMI FL 85 Zip Code
33135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIM, RAUL	1.2 NAME	GUIM, RAUL
STREET ADDRESS	834 VENETIA	1.3 STREET ADDRESS	834 Venetia
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, EMERSON	2.2 NAME	
STREET ADDRESS	3663 S.W. 8TH ST, STE 205	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES DE NAVARRA, CARLOS	3.2 NAME	TORRES DE NAVARRA, CARLOS
STREET ADDRESS	3663 S.W. 8TH ST, STE 205	3.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor
CITY-ST-ZIP	MIAMI FL 33135	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIM, AURELIO	4.2 NAME	GUIM, AURELIO
STREET ADDRESS	3663 S.W. 8TH ST, STE 205	4.3 STREET ADDRESS	3663 S.W. 8th Street, Third Floor
CITY-ST-ZIP	MIAMI FL 33135	4.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Carlos Torres de Navarra SECRETARY CARLOS TORRES DE NAVARRA

2/1/99 (205)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)