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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074273

1. Corporation Name

GDZ INVESTMENT ADVISORS, INC.

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90020 005 ***550.00



Principal Place	e of Business	Mailing Address						
4121 LAGUNA STREET		4121 LAGUNA STREET						
CORAL GABLES FL 33146		CORAL GABLES FL 33146				DO NOT WRITE IN T	IIS SPACE	
							IIO OF AOL	
						3. Date Incorporated or Qualifed		
						09/26/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		oplied For
21		26				65-0609538		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
		27	27			57 Geranda 57 Gerand	Fee R	equired
City & State	B ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- City & State	-	~ -		6. Election Campaign Financing	•	May Be
23		28	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year	Intangible	
24	25	25 29 30				Personal Property Tax. Yes No		
	9. Name and Address of Curre	ent Registered Agent		\top		10. Name and Address of New Register	ed Agent	
				81	Name			
THE	LAW FIRM OF LAWRENCE J:	SPIEGEL CHRTD			04	(D.O. Boy Number is Not Acceptable)		
343	ALMERIA AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)		
	IAL GABLES FL 33134			83				_
0011	THE CONDECTOR OF THE CONTRACTOR							
				84	City		85 Zip	Code
						-	_ \ _	distanced
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	Statutes, the	above	e-named corp	poration submits this statement for the purposition's board of directors. I hereby accept the ap	e of changing its pointment as re	s registered egistered
office or re agent. I a	egistered agent, or both, in the Statement of the oblique in familiar with, and accept the oblique	gations of, Section 607.050	5, Florida Sta	itutes.		on a bodie of an octor of the lossy and a first		
	C+ 2					464	5/22/99	1
SIGNATURE	Signature, uped or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agen	t signature require	46A ed when reinstating) DATE	7	
12.	OFFICERS /	AND DIRECTORS	13	•		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	☐ DELE	fE 1.11	TITLE			☐ Change	Addition .
NAME	ZARRAGA, GASTON DE		1.21	NAME	Ì			
STREET ADDRESS	4121 LAGUNA STREET		1.3 5	STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 (CITY-ST	r-ZIP			
TITLE	DELETE 2.1 TI					Change	☐ Addition	
			221	NAME				
NAME					ADDRESS			
STREET ADDRESS								
- CITY-ST-ZIP		□ DELE		CITY-S	1-4P		Change	Addition
TITLE				TITLE				_
NAME				NAME				
STREET ADDRESS			3.3 \$	STREET	FADDRESS			
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP			
TITLE							[T] Chance	
		☐ DELE	TE 4.1 ³	TITLE			Change	☐ Addition
NAME		☐ OELE					Change	Addition
NAME STREET ADDRESS		□ OELE	4 2	TITLE NAME	ADDRESS		Change	[_] Addition
STREET ADDRESS			4 2 4.33 4.40	TITLE NAME	l			
STREET ADDRESS CITY-ST-ZIP		☐ DELE	4 2 4.33 4.40	TITLE NAME STREET	l		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4 2 4.33 4.40 TE 5.1	TITLE NAME STREET CITY-ST	l			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4 2 4.33 4.44 0 TE 5.21	NAME STREET CITY-ST TITLE NAME	l			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4 2 4.33 4.44 TE 5.11 5.21 5.33	MAME STREET CITY-ST TITLE NAME STREET	T-ZIP			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DETE	4 2 4.33 4.44 TE 5.11 5.21 5.33 5.44 TE 6.11 6.21	NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE	T-ZIP T ADDRESS T-ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE		□ DETE	4 2 4.33 4.44 5.11 5.21 5.33 5.44 6.11 6.21 6.33	NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE	T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Change	☐ Addition

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.