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

,PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000078718 (0)

GOBELINO'S, INC. Principal Place of Business Mailing Address								
					 	 		
13029 SOUTH WEST 112TH STREET BAY 7. BUILDING B MIAMI FL 33186		13029 SOUTH WEST BAY 7. BUILDING B MIAMI FL 33186			Date Incorporated or Qualified	3a. Date of	Last Re	port
					10/13/1995			
2. Principal Eli 1	ace of Business	2a. Mailing Address 26			4. FEI Number 65 - 06/24/7		N	pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		.,	5. Certificate of Status Desired		Fee R	Additional tequired
Orty & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip Country		Zip			This corporation has liability for intangible tax under s 199.032,			
4	[25]	29	30			s No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	legistered Ag	ent	
			8	1 Name				
RUIZ, JOSE A				2 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	SOUTH WEST 112TH STREET		8					
BAY 7,	BUILDING B		8	3				
MAMI	FL 33186		8	4 City		FL	85 Zip	Code
or registe	to the provisions of Sections 607.05 red agent, or both, in the State of Fl ith, and accept the obligations of, Se	orida. Such change was authoriz	ted by the col	named corpor poration's boa	ation submits this statement for the pured of directors. I hereby accept the app	irpose of chang pointment as re-	jing its re gistered	gistered office agent. I am
SIGNATURE								
gg salas	Signature, type the person came of mystere Lag			ent skynature regime	d when runsharing! ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTO	RS IN 12
12.	Tro-2	AND DIRECTORS DELETE	13. 1 1 liil		ADDITIONS/CHANGES TO OF		Change	Addition
1)ILF	D DUIT 100E A	L. J Dett it	1.2 NAM			_		_
NAME:	RUIZ, JOSE A	AV 7 DIDO D		ET ADDRESS				
STREET ADDRESS	13029 S.W. 112TH ST., B	RT /, DLUG. D						
017-SU-78	MIAMI FL 33186	DELETE	2 1 101.	-ST ZIF			Change	Addition:
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STREET ACORESIS				-ST-ZIP				
OHY ST-ZIP		DELETE	3 1 1/1				Change	Addition
NAME		□	3.2 NAM	F				
STREET ALLERS S				EET ADDRESS				
Oh - \$1-Zift				- S1 - ZIP				
THE		DELETE	4 1 1014				Change	Addition
NAME		- -	4.2 NAM	E				
STREET ADDRESS			4.3 STR	ET ADDRESS				
O17 - S1 - 7P			1	- SI - ZIP				
11111		DELETE	5 1 7/1				Change	☐ Addition
NAME			5 2 NAV					
SUBSET ADDRESS			53 SIR	ET ADDRESS				
CHY ST ZIF				-ST-ZIP				
1011.20.27		☐ DELFTE	6 1 TITL				Change	Addition
NAM:		_	6 2 NAM	IE				
STREET ADDRESS			6.3 STR.	EET ADDRESS				
C/1Y - S1 - Z F			6.4.0(1)	'- \$1 · ZIP				
14 Los bore	by cert by that the information suppli	ed with this filing is voluntarily fur	nished and d	oes pet duality	for the exemption stated in Section 11	9.07(3)(k), Florid	ja Statul	ies. I further

4. I do hereby cert fy that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in section 119.07(s)(n), Florida Statutes, Turnier certify that the information indicated on this annual report or suppliements is the and accurate and this my signature shall have the same legal effect as if made under earth, that I are an officer or director of the corporation or the receiver or trustee empoyered to ansoute this report as inquired by Chapter 607, Florida Statutes; and that my name appears in Brack 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TOS & A. RUIZ GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIR F.D. 644/96 (305) 3781800

CR2E034 (12/95)