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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jan 14 1997 8:00am

Secretary of State

DOCUMENT # P95000078984 (8)

GAUNAURD ENTERPRISES, INC.

Principal Place 1020 CORAL W CORAL GABLES US	/AY	Mailing Address P O BOX 52-0665 MIAMI FL 33152-0665 US			
				3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last Report 05/21/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 SAME AS ABOVE		26 SAME AS ABOVE		65-0615383	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1 0-1-1-1	Trust Fund Contribution	Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199,032, i Yes
24	9. Name and Address of Curren	29	30	10. Name and Address of New Rec	
CAL	INAURD, MANUEL A	it Hegistered Agent	81 Name	10. 114.110 414 1141 115	instance riggins
	O CORAL WAY				
	RAL GABLES FL 33134		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
001	TAL GADLES PL 33134		83		
			84 City		FL 85 Zip Code
41 Purcuant I	to the provisions of Sections 807 050	2 and 607 1508. Florida Statut	les, the above-pamed corr	poration submits this statement for the p	urpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
agent. Lai	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Fi	onda Statutes.		
					ţ
SIGNATURE	5 gnature, typed or canted harte of registered age		E. Registered Agent signature regul		DATE
SIGNATURE	<u></u>	TOM) elacolages historia to:			DATE
	Signature, typed or stinted name or registered ago OFFICERS AND	TOM) elacolages historia to:	E. Registered Agent signature requ	red when reinstating)	DATE
12.	5 gnature, typed or childed name of registered ago OFFICERS AND D GAUNAURD, MANUEL A	or and little it applicable (NOT	E. Rogistored Agent signature requi	red when reinstating)	DATE CERS AND DIRECTORS IN 12
12.	5 gnature, typed or childed name of registered age OFFICERS AND D GAUNAURD, MANUEL A 1020 CORAL WAY	or and little it applicable (NOT	E. Registered Agent signature required. 13. 1.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN 12
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If do 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 agricular 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 opporation or the register of trustee empowered to execute this report as required by Charger 607, Florida Statutes; and that my name appears in Block 12 or proof 13 inchanged, or on an attacpment with an address.