

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathian  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000082862 (0)**

1. Corporation Name

**GAMAC ENTERPRISES, INC.**



Principal Place of Business

% MAC GACHE  
10155 COLLINS AVENUE, SUITE 801  
BAL HARBOUR FL 33154

Mailing Address

% MAC GACHE  
10155 COLLINS AVENUE, SUITE 801  
BAL HARBOUR FL 33154

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/30/1995

4. FET Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

GACHE, MAC  
10155 COLLINS AVENUE  
SUITE 801  
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Name and Address of Registered Agent

Name and Address of Agent for the registered corporation

Date

12.

OFFICERS AND DIRECTORS

- 12a. TITLE
- 12b. NAME
- 12c. STREET ADDRESS
- 12d. CITY, ST, ZIP
- 12e. TITLE
- 12f. NAME
- 12g. STREET ADDRESS
- 12h. CITY, ST, ZIP
- 12i. TITLE
- 12j. NAME
- 12k. STREET ADDRESS
- 12l. CITY, ST, ZIP
- 12m. TITLE
- 12n. NAME
- 12o. STREET ADDRESS
- 12p. CITY, ST, ZIP
- 12q. TITLE
- 12r. NAME
- 12s. STREET ADDRESS
- 12t. CITY, ST, ZIP

D  
GACHE, MAC  
10155 COLLINS AVENUE, SUITE 801  
BAL HARBOUR FL 33154

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14. I do 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 supplementary 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, unchanged, or on a change form with an address.

SIGNATURE

*Mac Gache*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

305-861-9020

CR2E034 (12/95)

*Mac Gache*