

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082997 (4)

1. Corporation Name

GABCO INCORPORATED



Principal Place of Business

7770 WEST OAKLAND PARK BLVD.
SUITE 303
SUNRISE FL 33351

Mailing Address

7770 WEST OAKLAND PARK BLVD.
SUITE 303
SUNRISE FL 33351

2. Principal Place of Business

21 8100 Biscayne Blvd

Suite, Apt. #, etc.

22 N/A

City & State

23 Miami, Fla 33138

Zip

24 33138

Country

25 U.S.A.

2a. Mailing Address

26 8100 Biscayne Blvd

Suite, Apt. #, etc.

27 N/A

City & State

28 Miami, Fla. 33138

Zip

29 33138

Country

30 U.S.A.

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

4. FEI Number

650623928

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

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

LAFFER, HENRY
7770 WEST OAKLAND PARK BLVD.
SUITE 303
SUNRISE FL 33351

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

Gabriel Obando President

(NOTE: Registered Agent signature required within 30 days)

4/16/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME OBANDO, GABRIEL
STREET ADDRESS 4350 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

D
NAME OBANDO, REBECCA
STREET ADDRESS 4350 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

700001792017
-04/24/96--01015--022
***200.00

4-23-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(305) 754-1977