PROFIT-CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082997

1. Corporation Name

GABCO INCORPORATED

Principal Place of Business

Mailing Address

8100 BISCAYNE BOULEVARD MIAMI FL 33138

8100 BISCAYNE BOULEVARD MIAMI FL 33138

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90094 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

| | | | | | | Ì | 10/30/1995 | | | | |
|--|---|---------------|---------------------------------------|----------------------|----------------|--------------|---------------------------|---------------|---------------|--------------|------------------------|
| 2. Principal Pl | lace of Business | 2a. Mail | ing Address | | | | 4. FEI Number | | | P | pplied For |
| 21 | | 26 | | | | | 65-0623928 | | | | lot Applicable |
| Suite, Apt. | #, etc. | Suite 27 | e, Apt. #, etc. | - | | | 5. Certifcate of Status I | Desired | | | Additional Required |
| City & State | e | | & State | - | | | 6. Election Campaign F | inancino | | \$5.00 | May Be |
| 22 | • | 28 | | | | | Trust Fund Contribut | _ | | | to Fees |
| Zip | Country | Zip | | Country | , | | 8. This corporation owe | | ent year Inta | ngible | |
| 24 | 25 | 29 | 30 | ٠ . | |]] | Personal Property Ta | | - | √ Yes | □No |
| ·*· | 9. Name and Address of Current | 1771 | | <u>''</u> | | | 0. Name and Address | | _ | | |
| | | <u>g</u> | | 81 | Name |) | <u> </u> | | | | |
| OBANDO, GABRIEL 8100 BISCAYNE BOULEVARD MIAMI FL 33138 | | | | | | | | | | | |
| | | | | | Street | Address | (P.O. Box Number is N | ot Acceptal | ble) | | i |
| | | | | | | | | | | | |
| , , , , , , , , , , , , , , , , , , , | 2 33 133 | | | 83 | | | | | | • | |
| | | | | 84 | City | | | | FL | 85 Zip | Code |
| 44 5 | | 1.007.15 | Od Flacid Ctatutas | 450 -5- | | | ion automita this stateme | nt for the | | changing i | te registered |
| office or n | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Su | ich change was auth | iorized by | the corp | oration's | board of directors. I her | eby accep | t the appoir | ntment as | registered |
| SIGNATURE | | | - | | | | - rejectation) | | DATE | | |
| 12. | Signature, typed or printed name of registered agent a OFFICERS AND | | | 13. | nt signature i | required whe | ADDITIONS/CHANGE | S TO OFF | | D DIRECT | ORS IN 12 |
| | OPPICERS AND | DIRECTO | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1.1 TITLE | | | | | 1021107111 | Change | |
| TITLE | - ' | | C) DETE IC | T . | | | SIDENT | | | (A) Change | |
| NAME | OBANDO, GABRIEL 4350 NAUTILUS DRIVE 933 I | uc 99 | CT | 1.2 NAME | | 1 C11 | 1BRIEL OBAN | 100 | | | |
| STREET ADDRESS | 4350 NAUTILUS DHIVE 100 | V | # TI 231 | | TADDRESS | 93 | 3 NE 99 ST | MIDH! | î Shre | F. > 5 | GGGS } |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 71A | MI SH | | | T-ZIP | | | | | | |
| TITLE | DS | | ☐ DELETE | 2.1 TITLE | | SEL | ZETARY-TRE | <u> ASURE</u> | P. | Change | |
| NAME | OBANDO, REBECCA | | | 2.2 NAME | | REE | ECCO OBAN | JDO | | | |
| STREET ADDRESS | 4350 NAUTILUS DRIVE 9/33 NE99ST. | | | 23 STREET ADDRESS Q3 | | | NE 994 HIM | i Lii Cu | 0=== | 351 | 201 |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 TLAM | i SHORE | SFL33138 | 2.4 CITY-5 | ST-ZIP | | JECCO OBAN | 1741344 | ام حصعد | ادد ب | <u>>8</u> |
| TITLE | DVP | | ☐ DELETE | 3.1 TITLE | | | * | | - | Change | Addition |
| NAME | Wiseman, Jeannette | | | 3,2 NAME | | } | | | | , | i |
| STREET ADDRESS | 933 NE 99 ST | | | 3.3 STREE | T ADDRESS | <u>;</u> | | | | | |
| CITY-ST-ZIP | MIAMI SHORES FL | | | 3.4 CITY-5 | ST-ZIP | [| | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | | | | Change | Addition |
| NAME | | | | 4, 2 NAME | | | | | | | |
| STREET ADDRESS | | | | ., | T ADDRESS | s | | | | | |
| 1 | * | | | 4.4 CITY-S | | 1 | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 5.1 TITLE | 1-41 | | <u> </u> | | | Change | Addition |
| | | | | 5.2 NAME | | | Ī | | | | |
| NAME | | | | 1 | T ADDRESS | , | | | | | |
| STREET ADDRESS | | | | 5.4 CITY-S | | ندا | | | | | |
| CITY-ST-ZIP | | | Dougra | 6.1 TITLE | 1-ZIP | F | | | | Change | ☐ Addition |
| TILE } | | | ☐ DELETE | | | 1, * | | | | ∟ change | |
| NAME | | | | 6.2 NAME | : | | | | | | ! |
| STREET ADDRESS | | | | | TADDRESS | | | | | | |
| CITY-ST-ZIP | <u> </u> | | | 6.4 CITY-S | | <u> L</u> | | | | | |
| 14. I hereby o | ertify that the information supplied with | this filing d | oes not qualify for th | e exemnt | ion state | d in Secti | on 119 07(3)(i) Florida | Statutes 1 | further cert | ify that the | information |

Indicated on this annual report or supplied with this limit does not qualify for the exemptor sated in Section 19.50 (20), include stated 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 of changet, or on an attachment with an address, with all other like empowered.

SIGNATURE: