FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 MAY -1 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089238 (6)**

1. Corporation Name

GULL HOUSE PARTNERS, INC.

Principal Place of Business	Mailing Address
1040 S.W. FIRST STREET MIAMI FL 33130	1040 S.W. FIRST STREET MIAMI FL 33130

3. Date Incorporated or Qualified: **11/21/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 2300 CORAL WAY
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA
24 Zip: 33145
25 Country: US.

2a. Mailing Address
26 2300 CORAL WAY
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA
29 Zip: 33145
30 Country: US.

4. FEI Number: 65-0640762 ☐ 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

FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. FIRST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI **FL** 85 Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: AMADA CANTERA LOPEZ, PRES DATE

(NOTE: Registered Agent Signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☒ DELETE	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	CANTERA, AMADA L		1.2 NAME	BUCKREUS, GERTI
STREET ADDRESS	1040 S.W. 1ST ST.		1.3 STREET ADDRESS	2300 Coral Way, Suite 201
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE		☐ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME			2.2 NAME	LOPEZ-CANTERA, AMADA
STREET ADDRESS			2.3 STREET ADDRESS	2300 Coral Way, Suite 201
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE		☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME			3.2 NAME	CARTAYA, LIDIA
STREET ADDRESS			3.3 STREET ADDRESS	2300 Coral Way, Suite 102
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, Florida 33145
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	[illegible]
STREET ADDRESS			4.3 STREET ADDRESS	-05/03/96--01024--003
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	[illegible]
STREET ADDRESS			6.3 STREET ADDRESS	-05/03/96--01024--003
CITY-ST-ZIP			6.4 CITY-ST-ZIP	******5.75 ******81.75

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 if changed, or on an attachment with an address.

SIGNATURE: Lidia Cartaya 4/26/96 (305) 858-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)