FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

P96000004645 (3) DOCUMENT #

GYP E	LECTRONIC, INC.				
Principal Place	e of Business	Mailing Address	·······		iatre geweg geter bibåt atte tagt
6700 NW 186	3 ST	6700 NW 186 ST			
#410		#410			• • • • • • • • • • • • • • • • • • • •
MIAMI FL 330	015	MIAMI FL 33015		DO NOT WRITE IN THE	S SPACE
US		US		3. Date Incorporated or Qualified 01/16/1996	
2. Principal P	lace of Business	2a. Maying Address	- 01	4. FEI Number	Applied For
21 44	15 E Y In	26 44 45 E	= 92n	65-0634537	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Continuate of Status Desired	Fee Required
City & State		Gilyj& State?	+los da	6. Election Campaign Financing	\$5.00 May Be
23 110	lean Honaa	28 Hiallan.	Florida	Trust Fund Contribution	Added to Fees
Zip	Country	33013	Country	8. This corporation owes or has paid the o	
24 330	25	20 (/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (/ (/	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	L Yes L No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	u Agent
TOROLOGI, HILMAN II					
8700 NW 186 ST #410				ress (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33015		83		
			63		
			84 City		85 Zip Code
			<u> </u>	F	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute of Florida, Such change was as	s, the above-named corp athorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent la	m familiar with, and accept the obligat	lions of, Section 607.0505, Flor	rida Statutes.	tion o board or directors. I florous trecopy the bi	oponimon as registered
SIGNATURE					_
	Signature, typed or printed name of requirered agen		Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TATLE	PD MAZONEZ ANOCI	☐ DFLETE	1.1 TITLE		Change Addition
NAME	VAZQUEZ, ANGEL		1.2 NAME		
STREET ADDRESS	AVENIDA 13 67-63		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARACAIBO ETADO ZULIA		1.4 CITY-ST-ZIP		
TITLE	SD CHILLEDAN	☐ DELETE	2 1 TITLE		Change Addition
NAME	GUERRERO, GUILLERMO		2 2 NAME		
STREET ADDRESS	AVENIDA 15-D1 18-13	FAOL	2.3 STREET ADDRESS		
DITY-ST-ZIP	URBANIZACION LAGO MAR B		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		TT assess	3.4. CITY - ST - ZIP		
TITLE		□ DEΓΈ⊥Ε	4.1 YOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	ı.		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
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	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF THE			CALCITY OF DID		ı

14. I 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 annual report is true and accurate and accurate and that my signature shall have the same legal effect as if made under eath; 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 addition