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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009286 (1)

## **FILED** Feb 26 1998 8:00am Secretary of State

G.D.P. USA CORPORATION									
Principal Place of Business Mailing Address						-	JAN OONA OON	\$ 10110 11001 101	
4546 SW 142 PLACE 4546 SW 142 PLACE									
MIAMI FL 33175 MIAMI FL 33175						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						01/30/1996			
· · · · ·	ace of Business	2a. Mailing Address			4. FEI Number		<del></del>	oplied For of Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0719804		\$8.75		
22	_	27			5. Certificate of Status Desired		Fee Re		
City & State	,	City & State	h-a			6. Election Campaign Financing		\$5.00	
Zip	Country	Zip Country				Trust Fund Contribution		Added t	
24	25	·	30	uniti y		<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>	_		angible No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Re		Agent	
LAW FIRM OF MANFRED ROSENOW PA					Name				
2425 CORAL WAY				82 Street Address (P.O. Box Number is Not Acceptable)					
MIA	VMI FL 33145								
		•							
				84	City		FL	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.					-named corpo	ration submits this statement for the p		changing it	s registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obliga	d by tules	the corporation.	n's board of directors. I hereby accep	pt the app	ointment as	registered		
SIGNATURE									
12.	Signature, typed or printed name of registered egent and fills # applicable. (NOTE: Register OFFICERS AND DIRECTORS  13			d Age	ni signalura required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CEBS AND	DIRECTOR	IS IN 12
TITLE	P			ITLE	· · · · · · · · · · · · · · · · · · ·	70071010,0174102010 0711	22.10 1 410	Change	Addition
NAME	RAQUEL, P SANCHEZ 1.2		1.2 N	AME					}
STREET ADDRESS	4546 SW 142 PLACE			TREET.	ADDRESS				-
CITY-ST-ZIP	MIAMI FL 33175			ITY - S1	T-ZIP	· · · · · · · · · · · · · · · · · · ·		TT About	C Laster
TITLE	·• — —		2.1 Ti					Change	Addition
NAME STREET ADDRESS	SGANGA, PIERO	# 1		AME TOCET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175			HTY-S					
TITLE	TD			_				Change	Addition
NAME	VIVIAS, DORIAN	/IVIAS, DORIAN 321		AME					ļ
STREET ADDRESS	4546 SW 142 PLACE		3.3 STREET		ADDRESS				
CITY-ST-ZIP			ITY-S	T-ZIP				Addition	
TITLE	S CIOVANNA ALMOUTADI	<del>-</del>						L Change	L Addition
NAME STREET ADDRESS	GIOVANNA, ALMOHTADI 4546 S.W. 142 PLACE		4. 2 NAME 4.3 STREET		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33175		4.4 CITY-		1				
TITLE	300	DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET		address				
CITY-ST-ZIP		The section	5.4 CITY-S		r-ZIP				12200
TITLE		☐ DELETÉ	6.1 Tr					Change	☐ Addition
NAME			6.2 N		1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	artify that the information complied with	th this filing class not qualify fo	_	TY-ST		ection 110 07/3Vi) Florida Statutos I	further on	rtifu that the	information

r nereby ceruly that the information supplied with this filling 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; thet I am an officer or director of the corporation of the reporter of 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 of on an attachment with any address.

2/20/98

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