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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90035 047 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020712

1. Corporation Name
GINMART, INC.

Principal Place of Business
10101 EAST BAY HARBOR DRIVE
SUITE 702
BAY HARBOR ISLAND FL 33154

Mailing Address
10101 EAST BAY HARBOR DRIVE
SUITE 702
BAY HARBOR ISLAND FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1996

4. FEI Number
65-0669181

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10101 East Bay Harbor Dr. 10101 East Bay Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. # 702

27 Suite 702

23 City & State
Bay Harbor Island, FL

28 City & State
Bay Harbor Island, FL

24 Zip 33154 25 Country USA

29 Zip 33154 30 Country USA

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE
C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Gabriel Prats
82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.
83 Suite 240
84 City Coral Gables FL 85 Zip Code 33134

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PSTD
NAME MARTINEZ-MALO, GLADYS
STREET ADDRESS 10101 E. BAY HARBOR DR. #702
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)