## 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

P96000024640 (0) DOCUMENT #

GESTO ENTERPRISE, INC.

Principal Place of Business	Mailing Address	
2311 8W 23 ST	2311 SW 23 ST	
MIAMI FL 33145	MIAMI FL 33145	

## **FILED** Mar 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T LOGINARI KIN SOLIN OLIK SOKIN ORIK NOLIK NOLIK SOLIN SIRI OLIK ORIK ORIK SOLI SOUK		
2311 SW 23 ST 2311 SW 23 ST MIAMI FL 33145 MIAMI FL 33145		DO NOT WRITE IN THIS	SPACE			
				3. Date Incorporated or Qualified 03/15/1996		
2. Principal Place of Business 21	2a. Mailing Address 26			4. FEI Number 65-0661518	Applied For Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Coun	try	8. This corporation owes or has paid the cu		
24 25	29	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registered	Zes No	
9, Name and Address of Curre	nt Hegistered Agent		31 Name	10. Name and Address of New Registered	Mant	
TEJERA, PASTOR DE LA		Ľ	Wallie			
2311 <b>S</b> W 23 ST MIAMI FL 33145		Į.	Street Addr	ess (P.O. Box Number is Not Acceptable)	·	
MIAMI FL 33143		1	33			
• •		ļ.,	34 City		85 Zip Code	
		1	- 7	<u> </u>		
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ol>	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abo authorized lorida Statu	ove-named corp by the corporat tes.	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appropriate the control of t	f changing its registered pointment as registered	
SIGNATURE				red when reinstating) DATE		
Signature: typed or pented name of registered age 12. OFFICERS AN	ID DIRECTORS	13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12	
TITLE PVST	DELETE	1.1 TITE	ε	Nobiliono, or integer to off location at	Change Addition	
NAME TEJERA, PASTOR DE LA		1.2 NAN	ie I		-	
STREET ADDRESS 2311 SW 23 ST		1.3 STR	EET ADDRESS			
CITY-ST-ZIP MIAMI FL 33145		1.4 CITY	'-ST-ZIP		ļ	
TITLE D	☐ DELETE	2.1 TITL	E		Change Addition	
NAME TEJERA, PASTOR DE LA		2.2 NAN	IE :		•	
STREET ADDRESS 2311 SW 23 ST		2.3 STR	EET ADDRESS		1	
CITY-ST-ZIP MIAMI FL 33145		2. 4 CIT	Y-ST-ZIP			
TITLE	☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition	
NAME		3.2 NAM	IE			
STREET ADDRESS		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	T NO FOR		Y-ST-2IP		Change Addition	
TITLE	DELETE	4.1 TITL			Change Addition	
NAME		4. 2 NA1				
STREET ADDRESS			EET ADDRESS			
CITY-ST-ZIP TITLE	☐ DELE <b>TÉ</b>	5.1 TITL	-ST-ZiP		☐ Change ☐ Addition	
	- Deterie	5.1 HIL			cracgo craccon	
NAME STREET ADDRESS			ET ADDRÉSS			
		1	-ST-ZIP			
CITY-ST-ZIP TITLE	☐ DELET <b>E</b>	6.1 TITL			☐ Change ☐ Addition	
NAME		6.2 NAM	- 1			
STREET ADDRESS						
WITHER PROPERTY.		E 63STR	ET ADORESS			

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 receive of trustee employered 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 attach tent with an address.

01.0600 /25051 4100