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

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET AODRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000033084 (0)

**GABARITO COMPANY** Principal Place of Business Mailing Address

7444 REPUBLIC DR 7444 REPUBLIC OR SUITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualified 04/11/1996 2. Principal Place of Business
11 7444 REPUBLIC DR Mailing Address 10746 CHELLY OAK CIRCLE Applied For 59-3373899 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be OKNUMBO ORLANDO PL 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 20 Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BASTOS, LINDA HUNBERTO **5850 LAKEHURST DRIVE** 82 SUITE 100 **B3** ORLANDO FL 32819 City ORLANDO 607,0503 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered hy State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by state of the state 11. Pursuant to the provisions of Sections office or registered agent, or boragent. Lam familiar with, and SIGNATURE Stonature, type (NOTE: Registered Agent a gnature required when reinstaling) DAT AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change KAGOHÁRA, HUMBERTO NAME 1.2 NAME 10746 CHERRY OAK CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 1.4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 Justice 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 application of the corporation of the corpo

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP