## FILE NOW: FILING FEE AFTER MAY 118 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037063 (0)

G.: HOLDING CORPORATION, INC.

G.I. AFFILIATES, FUC.



97 MAY 12 PM 12: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 2140 WEST 68TH STREET HALEAH FL 33016		Mailing Address 2140 West 68th Street Haleah Fl 33016-1815		I INDUIREI HE IBING OMIN AGINI SEUN BEHEE HEN SEUN BENN ANNE INN 1861	
				3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1121401			56-0624	65-0684876	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State -	<u>'</u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country 4 330/6 25 USA.		Zip Country 29 33256 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
4 / / / 0	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Re	
2140	ERAL, FRANCISCO R ) WEST 68TH STREET EAH FL 33016		82 Suces Add	VE / A T Irgas (P.O. Box Nurpher)s Not Accepted V . 68	ERNAUDEZ (HO)
			84 City	HEAR	FL 85 Zip Code
				poration submits this statement for the patients board of directors. I hereby acce	ourpose of changing its registered
agerit I ai	ni familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	ition a board of directors. I harbby acco	printe appointment as registered
SIGNATURE	Signature, types or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
lint	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MADERAL, FRANCISCO R		1.2 NAME	നനനനാ	1788708
STREET ADDRESS	2140 WEST 68TH STREET HIALEAH FL 33016		1.3 STREET ADDRESS	-05/14	178870——8 /97-01109016 55.00
HTY - ST - ZIP	HALEAN FL 33016	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	*****1	35.00 *****165.00
HTLF		C1 percie	2.4 III CE 2.2 NAME		Dougude Ti voquiou
IAME			2.3 STREET ADDRESS	•	
JESTI ALERESS			2.4 City-St-Zip		
CHY-ST ZOF		DELETE	31 TITLE		Change Addition
IAME		,	3.2 NAME		<del></del>
TREET ADORESS			3.3 STREET ADDRESS		
DITY - ST - 7IP			3.4. CITY-ST-ZIP		
IITLE		☐ DELETE	4.1 TITLE		Change Addition
IAME			4. 2 NAME		
THELT ACURESS			4.3 STREET ADDRESS		the same services
aly-St-Zir			4.4 City-St-ZiP		
itti		☐ DELETE	5.1 TITLE	Λ	☐ Change ☐ Addition
4MNt			5.2 NAME	a. au	4.
STREET ADDRESS			5.3 STREET ADDRESS	Vi W	w
Cally - S1 - Zah		T no err	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	L/,	Change Addition
.ME		/ \	6.2 NAME 6.3 STREET ADDRESS	3//	471
EET ADORESS		1 / 1	,	ı	1
√ SI- Zin Ldo hereb	by certify that the information supplie	d with this filing does not qualify	6.4 City-St-ZiP for the exemption state	d in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio	on indicated on this annual report or s	supplomental annual report is trui	e and accurate and the	at my signature shall have the same legi	al effect as if made under oath; that
appears ii	n Block 12 or Block 13 if changed o	yon an attachment with an addre	es to execute this repos ess.	at my signature shall have the same legion as required by Chapter 607, Florida	platities, and that my harne
	$A \cap A \cap A$	く		61-110	1305/822,61
CA'AT	URE: SIGNATURE AND TYPED DE	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Daytime Phone #
	SISSANIUM NOU HITEPUT	P CO INDIA AL GIGINIA OLLICEA DI		Abia	September 1 september 1