Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90186 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600037063

1. Corporation Name

C L AFEILIATES INC

G-I- AFFI	LIATES, INC.								
Principal Place	of Business	Mailing Address		_		- 1	(A D 1 1 1 1 1 1 1 1 1 1	#11 40 1111 1 40 1	
2140 W. 68 STREET		P.O. BOX 56-0624							
SUITE 305		MIAMI FL 33256							
HIALEAH FL 330	016					DO NOT WRITE IN TH	IIS SPACE		3
						3. Date Incorporated or Qualifed			
				_		04/29/1996			Ì
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	 	plied For	}
21		26				65-0684876	\$8.75 A	Applicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	→ Fee Re		
22		City & State						`	l
City & State	Ð	⊢ ′				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•	
23	Country	Zip Country				8. This corporation owes the current year Intangible			
Zip			_	¬ ′		Personal Property Tax.		□No	1
24	9. Name and Address of Current	_ 	<u> </u>	_		10. Name and Address of New Register			1
	3. Italia alla Address di Gallera	registored Agent	1	81 Nam	10				1
FERN	VANDEZ, MANUEL A			1	- 17	4012LA JR VICTOR			ł
	W. 68 STREET			32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	= 305		
	E 305		\ 	<u>مکم '</u> 83	70	w. 00 01. , 4			1
	EAH FL 33016								1
· · · · ·	D 41 1 E 500 10		F	B4 City	iale	:46 F	85 Zip (Code	
		and 607 1500 Florido Statutos	the ab				of openaina ita	registered	1
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida, Such change was aut	norized	by the co	rporation	oration submits this statement for the purpose in a board of directors. I hereby accept the ap	pointment as re	gistered	}
agent. I as	m familiar with and accept the obligation	spl. of Section 607.0505, Florid	a Statut	es.			1/2	.	
SIGNATURE	* WHAR					when reinstating) DATE	1 99	<u> </u>	١.
40	Signature, typed of printed name of registered agent. OFFICERS AND	/	13.	gent signatu	ue reduireo	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	8
TITLE	D OF FICERS AND	DELETE	1.1 TITL			ADDITIONO/OIT WOLD TO STITUTE	☐ Change	Addition	1;
1	MADERAL, FRANCISCO R	, , •===	1.2 NA		-				
NAME	2140 W 68TH STREET #305		ı	EET ADDRE	22				
STREET ADDRESS					~				
CITY-ST-ZIP TITLE			•	1.4 CITY-ST-ZIP			Change	☐ Addition	1
	_		2.2 NAM		- 1				1
NAME	PINA, GEMA 2140 W 68TH STREET #305			EET ADDRES	22				
STREET ADDRESS			l	Y-ST-ZIP	l.				1
TITLE	HIALEAH FL 33016	☐ DELETE	3.1 TIT		PA	RESIDENT	Change	Addition	1
NAME	PADILLA JR, VICTOR	—	3.2 NA		/ "	* - -			
	2140 W 68TH STREET #305		l	EET ADDRE	ss l				1
STREET ADORESS	HIALEAH FL 33016			Y-ST-ZIP					
CITY-ST-ZIP TITLE	D	DELETE	4.1 777		+-		☐ Change	Addition	1
	PEREZ, JESUS		4. 2 NA		1			7	-
NAME OTDEET ADODESC	2140 W 68TH STREET #305			EET ADDRE				,	
STREET ADDRESS	HIALEAH FL 33016	_		Y-ST-ZIP					
CITY-ST-ZIP	PSTD	DELETE 5.1 TI					☐ Change	☐ Addition	1
NAME	FERNANDEZ, MANUEL	- 	5.2 NA						
STREET ADDRESS	2140 W 68TH STREET #305			EET ADDRE	ss				
	HIALEAH FL 33016			Y-ST-ZIP					1
CITY-ST-ZIP	TIMEENT LE 03010	☐ DELETE	6.1 TITT		+-		Change	☐ Addition	1
NAME		— -	6.2 NA	Æ					
STREET ADDRESS	•			REET ADDRE	ss				1
				Y-ST-ZIP					
CITY-ST-ZIP					1				

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 AND TYPED OR PRINTED