

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000039118			
1. Corporation Name GEARLESS SERRAVALLO, INC.			
2. Principal Place of Business C/O CATHALINA I. PASTOR			
3. Mailing Address 9012 N.W. 146 STREET SAME MIAMI, FL 33016			
2. Principal Place of Business 9012 N.W. 146 STREET		2a. Mailing Address 9012 N.W. 146 STREET	
21. City & State MIAMI, FL 33016		22. City & State MIAMI, FL 33016	
23. Zip 33016		24. Country USA	
9. Name and Address of Current Registered Agent CATHALINA I. PASTOR 9012 N.W. 146 STREET MIAMI, FL 33016			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 (NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P. S. A.		1.1 TITLE ☐ Change ☐ Addition	
2. NAME CATHALINA I. PASTOR		1.2 NAME	
3. NAME 9012 N.W. 146 STREET		1.3 STREET ADDRESS	
4. NAME MIAMI, FL 33016		1.4 CITY - ST - ZIP	
5. NAME LUIS A. PASTOR		2.1 TITLE ☐ Change ☐ Addition	
6. NAME 9012 N.W. 146 STREET		2.2 NAME	
7. NAME MIAMI, FL 33016		2.3 STREET ADDRESS	
8. NAME		2.4 CITY - ST - ZIP	
9. NAME		3.1 TITLE ☐ Change ☐ Addition	
10. NAME		3.2 NAME	
11. NAME		3.3 STREET ADDRESS	
12. NAME		3.4 CITY - ST - ZIP	
13. NAME		4.1 TITLE ☐ Change ☐ Addition	
14. NAME		4.2 NAME	
15. NAME		4.3 STREET ADDRESS	
16. NAME		4.4 CITY - ST - ZIP	
17. NAME		5.1 TITLE ☐ Change ☐ Addition	
18. NAME		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. NAME		5.4 CITY - ST - ZIP	
21. NAME		6.1 TITLE ☐ Change ☐ Addition	
22. NAME		6.2 NAME	
23. NAME		6.3 STREET ADDRESS	
24. NAME		6.4 CITY - ST - ZIP	
14. I 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 declared in 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 this 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.			
SIGNATURE Catalina Pastor		Date 5/13/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 640-0764	

CR2E034 (10/97)