

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Monkham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -4 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044111 (8)

1. Corporation Name
G.D.P. INVESTMENTS, INC.



Principal Place of Business

4995 N.W. 72ND AVENUE
SUITE 400
MIAMI FL 33166

Mailing Address

4995 N.W. 72ND AVENUE
SUITE 400
MIAMI FL 33166-5643

3. Date Incorporated or Qualified
05/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 891 Harbor Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 891 Harbor Drive
Suite, Apt. #, etc.

4. FEI Number
APPAIED FOR

Applied For
Not Applicable

22 City & State

23 Key Biscayne, FL
Zip Country

24 33149 25 USA

27 City & State

28 Key Biscayne, FL
Zip Country

29 33149 30 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LACASA, ARMANDO E
3191 CORAL WAY
3RD FLOOR
MIAMI FL 33145
701 Brickell Ave, Ste 1900
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name Lacasa, Armando E.
82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave, Suite 1900
83
84 City Miami FL 85 Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARKER, GENARO D
STREET ADDRESS 324 CARIBBEAN ROAD
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ DELETE

NAME CASTRO, FEDERICO
STREET ADDRESS 4995 N.W. 72ND AVE. SUITE 400
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Parker, Genaro D
1.3 STREET ADDRESS 891 Harbor Dr.
1.4 CITY-ST-ZIP Key Biscayne, 33149

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Castro, Federico
2.3 STREET ADDRESS 4995 NW 72 Ave, Third Floor, Ste 3-400
2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 800002202768--6
3.3 STREET ADDRESS -06/05/97--01053--004
3.4 CITY-ST-ZIP *****8.75 *****8.75

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 800002202768--6
4.3 STREET ADDRESS -06/05/97--01053--005
4.4 CITY-ST-ZIP *****550.00 *****550.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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. 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.

SIGNATURE

SIGNATURE REQUIRED

[Signature]

CR2E034 (9/96)