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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049828 (2)

G & S IMPORT AND EXPORT, INC.

942 S.W. 119TH PLACE 942 S.W. 119TH PLACE MIAMI FL 33184 MIAMI FL 33184 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/11/19</u>96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0673610 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELALUF, SUSAN M 942 S.W. 119TH PLACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33184** 83 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 1 milliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 412) **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE 1.1 TITLE 🖵 Change Addition TITLE ELALUF, SUSAN M 1.2 NAME NAME 942 S.W. 119TH PLACE STREET ADDRESS 1.3 STREE1 ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE X Addition Change TITLE 2.1 TITLE Sucretary Jorge Elaluf NAME 2.2 NAME 942 SW 119 Place STREET ADDRESS 23 STREET ADDRESS liani FL 33/84 CITY-ST-ZIP 2 4 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 TITLE DELETE Change ☐ Addition **4.1 TITLE** NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 chapter 607 or on an attachment with an address.

Luxon m Platus

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Susan H Elglus

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4/17/58

Change

Addition

Addition

FILED

May 05 1998 8:00am

Secretary of State