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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065324 (1)

GABRIELLE GEORGES, INC.

FILED Feb 17 1998 8:00am Secretary of State



Description of Discription						T (EUTIED) TID DELLA DOLLI DOLLE DOLLE DOLLE DOLLA DILA DILA DILA DILA DILA DILA DILA D			
Principal Place of Business Mailing Address									
811 WASHINGTON AVE 5757 LA GORCE DRIVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33140									
MIAMI BEACH	I FL 33139	MIAMI DENOTI FL 33140	MIAMI BEACH FL 33140			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	,,		
						08/05/1996			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Applied For	
27 /205 LINCOLN QUAD 26						65-0703477		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Additional	
22	# 218	27				9. Certificate of Status Desired	Fee	Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23 /	MIAMI BEACH	28				Trust Fund Contribution	Adde	ed to Fees	
_ ^{Zip} 🏲 🤉	120 Country (LCA	Zip	$\overline{}$	intry		8. This corporation owes or has paid the co			
<u> 24</u> 고 3	137 25 V3A		30			Personal Property Tax due June 30.	☐ Yes	No No	
	g, Name and Address of Curre	nt Registered Agent		041	.	10. Name and Address of New Registered	Agent		
	RUS, MITCHELL P			81	Name				
5757 LA GORCE DR MIAMI BEACH FL 33140				82 Street A		ress (P.O. Box Number is Not Acceptable)	•		
				 		<u> </u>			
				83					
				84	City	F	85 Z	ip Code	
44 Duraugat	to the provisions of Castions 607 866	12 and 607 1509 Florida Ctatudo	s the of	hovo	named core	poration submits this statement for the purpose	et changin	a ite registered	
office or r agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flor	uthorize rida Stat	d by t lutes.	he corporal	tion's board of directors. I hereby accept the ap	pointment	as registered	
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title if applicable (NOTE.	Registered	d Agent	signature requ-	red when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	β	☐ DELETE	11 Tr	TLF			☐ Chang	ge Addition	
NAME	SCHILLI, GEORG		1.2 NA	AME					
STREET ADDRESS	6301 COLLINS AVE #1508		1.3 ST	IA TSBRI	DDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 C0	TY-ST-	ZIP				
TITLE	ST .	☐ DELETE	2.1 TO	TLE			Chang	e 🔲 Addition	
NAME	S CHILLI, GABRIELLE		2.2 NA	AME					
STREET ADDRESS	6301 COLLINS AVE #1508		2.3 \$1RE		DDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.40	ITY-ST-	- ZIP				
TITLE	VP .	☐ DELETE	3.1 TII				Chang	e Addition	
NAME	KORUS, MITCHELL P		3.2 NA	AME					
STREET ADDRESS	5757 LA GORCE DRIVE		3.3 S1	REET AL	DDRESS				
CITY-SI-ZIP	MIAMI BEACH FL 33140		1	ITY - ST-					
TITLE		DELETE	4.1 T/1				☐ Chang	e Addition	
NAME			4. 2 N				_		
STREET ADDRESS			4.3 ST	REET AL	DDRESS				
CITY-ST-ZIP				TY-ST-					
TITLE		DELETE	5.1 TITLE		-		☐ Chang	e Addition	
NAME			5.2 NA		1		_		
STREET ADDRESS				REET AL	ODRESS				
CITY-ST-ZIP				IY-ST-					
TITLE		☐ DELETE	6.1 TIT		£11		Chang	e	
NAME			6.2 NA						
i i				REFT AD	SOBERG .				
STREET ADDRESS					į į				
CITY-ST-ZIP			6.4 ÇI	TY-S1-	ZIP				

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 supplimental 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.

CORRELL

PREC LEANL

01 11 11 POS (206) E717100