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Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000066796 (9)

1. Corporation Name  
GAMBIN ENTERPRISE, INC.



Principal Place of Business  
ONE BISCAYNE TOWER, SUITE 2075  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

Mailing Address  
ONE BISCAYNE TOWER, SUITE 2075  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131-1806

3. Date Incorporated or Qualified  
08/12/1996

3a. Date of Last Report

2. Principal Place of Business  
21 2457 S Hiawassee Rd

2a. Mailing Address  
26 2457 S Hiawassee Rd

4. FEI Number  
65-0685652

Applied For  
Not Applicable

22 Suite A 194

27 Suite A 194

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

23 Orlando, Florida

28 Orlando, Florida

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

24 Zip 32835 Country USA

29 Zip 32835 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDANIELS, JOHN M  
ONE BISCAYNE TOWER, SUITE 2075  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL

81 Name CLAUDIO GAMBIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8037 LESIA CR  
84 City ORLANDO FL 85 32835

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 CLAUDIO GAMBIN

(NOTE: Registered agent must be required when reinstating)

DATE 3/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
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

CLAUDIO GAMBIN  
8037 LESIA CR.  
ORLANDO FL 32835

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; 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 X

Date

Daytime Phone #

0172888

CR2E034 (9/96)