## 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 # P96000067137 (5)

**GUSTAVO MOSCOVICH CORP.** 

## **FILED** Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 202 NE 212 TERR 202 NE 212 TERR NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For *2*1827 21827 MARI 60T 26 65-0686798 Not Applicable MARI6OT Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing BOCA RATON TON BOCA Trust Fund Contribution Added to Fees 334<u>28</u> Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOSCOVICH, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 202 NE 212 TERR 82 MARIGOT **NORTH MIAMI BEACH FL 33179** 83 84 BOCA RATON 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 f registered agent and title if applicable Signature, typed or pri (NOTE Registered Agent signature re CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition . MUSCOVICH, GUSTAVO NAME 1.2 NAME 202 NE 212 TERR STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Спапде Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ 4.1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 8.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST- ZIP

I hereby certify that the information supplied with this filing does not quality 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 of 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:

3/26/98 (561)488-2311