FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION **ANNUAL REPORT**

1997

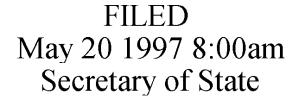


FLORIDA DEPARTMENT OF STATE

Sunara B! Morthata

Secretary of State: DIVISION OF CORPORATIONS

DOCUMENT # P9600071660 (0)
GOMEZ AND SUAREZ CORPORATION





						
Principal Place of Business Mairing Address					1 INCHES IN THE STILL SOLIT POLICE	BOCH 14891 DIE DICE 4 11 401 1091
2901 E 10TH AVE HIALEAH FL 33013		2901 E 10TH AVE HIALEAH FL 33013-3501				
					3. Date Incorporated or Qualified 08/28/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0692129	Not Applicable	
Suite, Apt. #, etc.		∫ Suite, Aρt. #, etc. ├──┐		5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		City P. Chate			Fee Required	
23		City & Stato		6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032.		
24	25	29	30	,		Yes [] No
	9. Name and Address of Current	and the state of t	[90]		10. Name and Address of New Re	gistered Agent
GON	MEZ, JUAN		[1	Name		
3410	NW 94TH TERR		ŀ	32 Street Add	Iress (P.O. Box Number is Not Acceptat	ole)
MIAI	MI FL 33147		. [, (c. 100) (d. 100)	~~,
			1	33		
	•		Ţ.	34 City		El 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508, Florida Statut	tes, the abi	 ove-named con	poration submits this statement for the p	purpose of changing its registered
. office or f	registered agent, or both, in the State of im familiar with land account be obtical	of Horida, Such change was a tions of Section 607,0505. H	authoriżed lorida Statu	by the corpora tes.	peration submits this statement for the patients beard of directors. Thereby acceptions	of the appointment as registered
SIGNATURE	The transfer and the state of t	the en cooking to loose, it			* - *	
	Signature, typed or printed name of registered agen			Agent's gnature requ	hrēd when reinstating)	DATE
(2,	OFFICERS AND	and the second of the second o	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	GOMEZ, JUAN	□ DELETE	1.1 101	ì		[_] Change
NAME	3410 N 94 TERR		1.2 NAN	ļ		13
STREET ADDRESS	MIAMI FL 33147			FCT ADDRESS		5
CITY-ST-ZIP			2.1 THE	/-ST-7IP		Change Addition
NAME	SUAREZ, BERNARDO		2.2 NAM			Ell Monton
STREET ADDRESS	467 E 27TH ST		1	EL! ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010			Y - ST - 7/P		
TITLE		DELETE	3 1,701			Change Addition
NAME			3.2 NA			
STREET ADDRESS			33 SIR	ELL ADDRESS		
CITY-ST-ZIP			34,01	Y-\$1-7IP		
TITLE		☐ DELFTE	4.1 701	F T		Change Addition
NAME	}		4.2 NA	ME		
STREET ADDRESS			4.3 STR	EE1 ADDRESS		
CITY-ST-ZIP			4.4 CIIV	7-ST-7)P		
TITLE		DELETE	5.1 TH	F		Change Addition
NAME			5.2 NAN	l l		
STREET ADDRESS			5.3°S18	EET AODRESS		
CITY-ST-ZIP				(-SI-74P		
TITLE		☐ DELETE	617111		•	Change Addition
NAME			6.2 NAX			
STREET ADDRESS		•	4	EET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 (01)	(+ \$1 - Z(P		

14. I do horeby 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 eath; 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