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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State

DIVISION OF CORPORATIONS

P96000080380 (4) **DOCUMENT** # 1. Corporation Name

GARCY ENTERPRISE, INC.

Principal Place of Business		
9091 NW 13 STREET		

Mailing Address

FILED May 12 1998 8:00am Secretary of State



3031 N.W. 13 STREET MIAMI FL 33125 MIAMI FL 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0699867 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zφ Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 24 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEGRON, OLGA M 3031 N.W. 13 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 City 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 of 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. Signalure, typed or printed name of registered agreed and title if applicable (NOTE Registered Agent signature required when reinstating) 10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. FITLE DELETE 1.1 11713 Спалде Addition NEGRON, OLGA M NAME 1.2 NAME CR2E034 STREET ADDRESS 3031 N.W. 13 STREET 1.3 STREET ADDRESS **MIAMI FL 33125** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NEGRON, OLGA M NAME 2.2 NAME 3031 N.W. 13 STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE ☐ Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY-ST-ZIP TITLE DELETE 61 1111.5 Change ___ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby certify that the information supplied with indicated on this annual report or suppliminated officer or director of the corporation or the receiviblock 12 or Block 13 if changed, or on an attach his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ient with an address

64 CITY-ST-ZIP

SIGNATURE: