

FROM : M JOE ISMAIL

PHONE NO. : 3055949947

FILED

May 09 1997 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Werthman Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P960000 84282 1. Corporation Name					
GATTA, INC. ACE MART					
Principal Place of Business			Mailing Address		
4920 GOLDEN GATE PKWY NAPLES, FL 34116					
2. Principal Place of Business			3a. Mailing Address		3. Date Incorporated or Qualified
21			26		09/09/96
Suits, Apt. #, etc.			Suits, Apt. #, etc.		3a. Date of Last Report:
22			27		
City & State			City & State		4. FEI Number
23			28		65-0699422
Zip			Country		5. Certificate of Status Desired
24			30		☐ \$8.75 Additional Fee Required
25			29		6. Election Campaign Financing
					Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
26			31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
27			32		☒ Yes ☐ No
28			33		8. Name and Address of Current Registered Agent
29			34		9. Name and Address of New Registered Agent
MOHAMMAD FAROOQ YOUSUF 4920 GOLDEN GATE PKWY NAPLES FL 34116					
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 607.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)					
DATE					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MOHAMMAD FAROOQ YOUSUF 4920 GOLDEN GATE PKWY NAPLES FL 34116					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
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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: the 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:

 MOHAMMAD F. YOUSUF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

 4/28/97 941-352-7737
 Date Phone