

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

FILED
Apr 28 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000085603 (4)
 1. Corporation Name
GUSTAVO A SANCHEZ & ASSOCIATES CO.



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| Principal Place of Business 110 SW 91 AVENUE #205 PLANTATION FL 33324 | Mailing Address 110 SW 91 AVENUE #205 PLANTATION FL 33324 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 1544 NW 158 AVE Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 1544 NW 158 AVE Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 10/14/1996 | |
| City & State 23 PEMBROKE PINES, FL | | City & State 28 PEMBROKE PINES, FL | | 4. FEI Number 65-0709129 | |
| Zip 24 33028 | | Country 25 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 29 33028 | | Country 30 USA | | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent SANCHEZ, GUSTAVO A 110 SW 91 AVENUE #205 PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name SANCHEZ, GUSTAVO A | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 1544 NW 158 AVE | | | |
| | | | | 83 | | | |
| | | | | 84 City PEMBROKE PINES | | | |
| | | | | 85 Zip Code FL 33028 | | | |

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 *Gustavo A Sanchez* **GUSTAVO A SANCHEZ** **4-17-98**
Signature, typed or printed name, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SANCHEZ, GUSTAVO A | | 1.2 NAME SANCHEZ, GUSTAVO A | |
| STREET ADDRESS 110 SW 91 AVE. #205 | | 1.3 STREET ADDRESS 1544 NW 158 AVE | |
| CITY-ST-ZIP PLANTATION FL 33324 | | 1.4 CITY-ST-ZIP PEMBROKE PINES - FL - 33028 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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: *Gustavo A Sanchez* **GUSTAVO A SANCHEZ** **4-17-98** **(954) 442-0896**

CR2E034 (10/97)