## #MLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085812 (1)

G & G STAINLESS DESIGNS, INC.

Principal Place of Business

Mailing Address

16864 B.W. 90TH TERRACE

16884 S.W. 90TH TERRACE

## **FILED** May 01 1997 8:00am Secretary of State



MIAMI FL 33196 4804							
					3. Date Incorporated or Qualified 10/16/1996	3a. Date of Last F	Report
<b>⊢</b>	lace of Business	2a. Mailing Address		4119	4. FEI Number	A	pplied For
21 323 Sulte, Apt.	XUIIU 41	26 32.30 N	JU	7717	05-012950	<del></del>	ot Applicable
22 Suite, Apr.	#, UC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	A 6-1	City & State			6. Election Campaign Financing		May Be
	H (P)	28 Miz, +			Trust Fund Contribution		to Fees
J 23	142 25 DAde	29133142 30		ide	This corporation has liability for i     Florida Statutes	ntangible tax Yes Yo	3. 199.032,
	9. Name and Address of Current	1-0	1370	,(,,,,	10. Name and Address of New Re		
GAF	RCIA, NIVALDO		81	Name			
16884 S.W. 90TH TERRACE				B2 Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33196		L	<u></u>		·	
			63	i I			
			84	City		FL 85 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 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 Signature, typed or printed name of registered agent and title it princable. (NOTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND		13.	en agnade n	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE :	PD	☐ DELETE	1,1 TITLE			☐ Change	IS IN 12 S
NAME	GARCIA, NIVALDO		1,2 NAME				2
STREET ADDRESS	16884 S.W. 90TH TERRACE		1.3 STREE	T ADDRESS			ارًا
CITY-ST-ZIP	MIAMI FL 33196 VD	DELETE	1.4 CITY - !	ST-ZIP			<u>}</u>
TITLE NAME	GONZALEZ, ANDRE	. טנננונ	2.1 1111.€			Change	Addition C
STREET ADDRESS	16884 S.W. 90TH TERRACE		2.2 NAME	1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-	1			
TITLE		DELETE	3.1 TITLE	71-511		Change	Addition
NAME			3.2 NAME	1			( )
STREET ADDRESS			3.3 STREE	1 ADDRESS		17	17/1/1
CITY-ST-ZIP			3.4. CITY-	SI-ZIP		$\sim$ $\sim$ $\sim$ $\sim$	_1_1_
TITLE		☐ DELFTE	4.1 THLE			Chan	Advition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				1
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	ST - ZIP		Change	Addition
NAME			5.2 NAME		60000216 -05/06/970100	6455	[ Noomen
STREET ADDRESS			5.3 STREET	I ADDRESS	-05/06/970100	J302 <del>9</del>	1
CITY-ST-ZIP			5.4 CITY-S		***165.00		
TITLE		DELETE	61 THLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		201 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6 4 CITY-5				
i 341. Ido hereb	believed a collemated that the information supplied.	with this filing does not qualify fo	v tha ava	omotion eta	ted in Section 119 07/3\(ii) Florida Statutos	<ul> <li>I further certify that</li> </ul>	the

Too nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(5)(f), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.