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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092308 (1)

GAHU CORPORATION

Principal Plac COLUNS 1651 MIAMI FL 331		Mailing Address COLLINS 1651 MIAMI FL 33139-3136					
					Date Incorporated or Qualified 11/12/1996	3a. Date of Last Re	port
2. Principal I	Place of Business	2a. Mailing Address			4. El Number	App	olied For
21		26			P96000 92306	X Not	Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
City & Sta	ite	City & State		<u> </u>	Election Campaign Financing Trust Fund Contribution	\$5.00 A	
Zip 24	Country 25	Ζ(p)	Cou 30	olry	8. This corporation has liability fo		
	g. Name and Address of Curre				10. Name and Address of New R		
GARCIA, HUGO O 100 LINCOLN RD. #1519 MIAMI FL			· ·	82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
SIGNATURE	Signature, typed or printed harne of registered ag	cot and the if applicable (f	NOTE Registated	utes. d'Agent signature requ	poration submits this statement for the tion's board of directors. I hereby account aired when reinstangs	DATE	
12.	OFFICERS AN				1000.010.010.1110.00.00.00.00.00.00.00.0	0000 4110 DIDEET	
	N =		13.		ADDITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS	D GARCIA, HUGO O 100 LINCOLN RD. #1519	DELETE	1.1 III 1.2 NA 1.3 STI	AME S	iemana Carlos Allos Jucoln 80 #	□ Change	IN 12 Addition
TITLE NAME	GARCIA, HUGO O		1.1 III 1.2 NA 1.3 STI	REFT ADDRESS 1	iemana Carlos All 00 Lincoln RO # Jiami Booch Fl.	herto Change 316	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, HUGO O 100 LINCOLN RD. #1519 MIAMI BEACH FL	☐ DECETE	1.1 TO 1.2 NA 1.3 STI 1.4 CO	REFT ADDRESS 1	iemana Carlos All 00 Lincoln RO # Jiami Booch Fl.	herto Change 316	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GARCIA, HUGO O 100 LINCOLN RD. #1519 MIAMI BEACH FL D GARCIA, MARTIN R	☐ DECETE	1.1 TH 1.2 NA 1.3 SH 14 CH 21 TH 2.2 NA 2.3 SH	REFT ADDRESS 1	iemana Carlos All 00 Lincoln RO # Jiami Booch Fl.	herto Change 316	Addition
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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 arrual 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.

61 11TLF

6.2 NAME

DETETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZHP

6.3 STREET ADDRESS

1

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

04-30-97- (305) 5310131

appopssos4 lane

-06/05/97--01050--000

***165.00

☐ Addition

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FILED

May 22 1997 8:00am

Secretary of State