FILE 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 # **P96000103994** (5)

GUSPAV REALTY, INC.

Principal Place of Business Mailing Address 43 N OCEAN BLVD 43 N OCEAN BLVD POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-5706 3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ∯ No $Z_{(0)}$ 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZIMMERMAN, STEPHEN L D 737 E. ATLANTIC BLVD 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 84 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 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 applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition 1.1 1111.6 PRYONE Julio NAME Pompano Beach, FL. 33067 1.2 NAME STREET ADDRESS 1.8 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE Change Addition 2.1 1111.6 NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE DELETE 3.1 1111.6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELE16 4.1 10116 Change Addition NAME 4 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ... Addition 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS CITY-ST-ZIP

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, that fam an officer or director of the corpo attorior the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ulio Pavone

FILED May 05 1997 8:00am Secretary of State