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

**PROFIT** FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 98 FEB 26 PH 12: 54 1998 DIVISION OF CORPORATIONS DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA P96000104074 (5) GUASCOR, INC. Principal Place of Business Mailing Address 7724 NW 64TH ST 7724 NW 64TH ST MIAMI FL 33168 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 26 65-0726668 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Country Žip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ∏ No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 -HOEFLING, THOMAS Corporation Samutce Company ~ 7724 NW 35TH ST Street Address (P.O. Downwarder is Not Acceptable) **B2** MIAMI FL 33168 R1 84 Tallabossee 32301 J7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered state of Florida Statutes. 11. Pursuant to the provisior office or registered agent agent. I am familiar with, a Lama e. Laura R. Dunlap, as agent 1-27-98 SIGNATURE Signature, types (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ۷Ď 1.1 TITLE ☐ Addition TITLE GRAJALES, JOSEBA MIA NAME 1.2 NAME P.O. BOX 76801080 STREET ADDRESS 1.3 STREET ADDRESS VITORIA/GASTIEZ SPAIN 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE SD 2.1 TITLE Addition TITLE AIM PAITUVI. MARTIN 2.2 NAME NAME P.O. BOX 76801080 STREET ADDRESS 2.3 STREET ADDRESS VITORIA/GASTIEZ SPAIN CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NA FRANCO, JOSE M 3.2 NAME P.O. BOX 76801080 300002441043-STREET ADDRESS 3.3 STREET ADDRESS VITORIA/GASTIEZ SPAIN 3.4. CiTY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition tribin, Hugo 4. 2 NAME 7360 N.W. 35TH STREET 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 83122 4.4 CITY - ST- ZIP CITY-ST-ZII Addition 5.1 TITLE <del>hoefling, Tho</del>mas 5.2 NAME <del>7880 N.W. 35TH STREET</del> 5.3 STREET ADDRESS STREET ADOR MIAMI FL 33122 5.4 CITY - ST - ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the an address. CITY-ST-ZIP I hereby certify that the information indicated on this armual report or officer or director of the co-poration Block 12 or Block 13 if changed, a



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: February 25, 1998

ORDER TIME: 1:34 PM

ORDER NO. : 719092-005

CUSTOMER NO:

4303929

CUSTOMER: Ms. Yolanda Rodriguez

Greenberg Traurig 1221 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NAME: GUASCOR, INC.

XX \_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: