**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90105 001 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

Gillo Liv	QUURS STURE, CURP.								
Principal Place	e of Business	Mailing Address				1 ISBITION I IN TO TENTI DOCTI O	EKIN OBAH ODINA I	HIGT HOUSE	HANNEL HANNE HOUSE
6804 NW 149TH TER. 8804 NW 149TH TER.						} .	,		
MIAMI FL 33016 MIAMI FL 33016									
}						DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						01/08/1997			
2. Principal Pr	lace of Business	2a. Mailing Address				4. FEI Number		Арр	olied For
21		26				65-0735206		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	•			5. Certifcate of Status Desired		\$8.75 A	
22		27				3. Certificate of Giatos Desired		Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing	· 🗆 ,	\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ountry		8. This corporation owes the cur	rent year int		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New	Registered	Agent	
CCD.	MANDET HAAN A			81	Name				
1	NANDEZ, JUAN A				Street Addre	ss (P.O. Box Number is Not Acceptable)			
	NW 149TH TER.		82				,		
MIAN	M FL 33016			83					
1				104				85 Zip C	
				84	City		FL	85 Zip C	Joue
11 Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Florida S	tatutae tha	ahovo i		vation cubmite this statement for the	numnee of	changing its d	registered
office or n agent. I an SIGNATURE						oration submits this statement for the n's board of directors. I hereby acce		ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Register	red Agent s	he corporation	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Register	red Agent s			DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable.	(NOTE: Register	ared Agent s 3.		when reinstating)	DATE		
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A	nt and title if applicable.	(NOTE: Register <b>1:</b> E 1.1	3. 1 TITLE 2 NAME	signature required	when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A 8804 NW 149TH TER.	nt and title if applicable.	(NOTE: Register 1:1 E 1.1 1.2	3. 1 TITLE 2 NAME 3 STREET A	signature required	when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A	nt and title if applicable. ID DIRECTORS	(NOTE: Register 1: E 1.1 1.2 1.3 1.4	3. 1 TITLE 2 NAME 3 STREET A	signature required	when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A 8804 NW 149TH TER.	nt and title if applicable.	(NOTE Register 1.1 E 1.1 1.2 1.3 1.4 E 2.1	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST-	signature required	when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A 8804 NW 149TH TER.	nt and title if applicable. ID DIRECTORS	(NOTE: Register 1: E 1.1 1.2 1.3 1.4 E 2.1	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE	aignature required  ADDRESS	when reinstating)	DATE	D DIRECTOR	RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A 8804 NW 149TH TER.	nt and title if applicable.  ID DIRECTORS  DELET	(NOTE Register  1.1  1.1  1.2  1.3  1.4  1.2  2.2  2.3	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 4 CITY-ST- 4 CITY-ST- 5 STREET A	ADDRESS ZIP	when reinstating)	DATE	D DIRECTOR Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A 8804 NW 149TH TER.	nt and title if applicable. ID DIRECTORS	(NOTE Register  1.1  1.1  1.2  1.3  1.4  1.2  2.2  2.3	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST-, 1 TITLE 2 NAME 3 STREET A	ADDRESS ZIP	when reinstating)	DATE	D DIRECTOR	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DPS FERNANDEZ, JUAN A 8804 NW 149TH TER.	nt and title if applicable.  ID DIRECTORS  DELET	(NOTE Repister  1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4	3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE 2 NAME 3 STREET A 5 STREET A 6 CITY-ST- 6 TITLE 2 NAME 8 STREET A 8 STREET A 8 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTOR Change	RS IN 12 Addition
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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 amplial 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 received 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

URE FEDURED O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition