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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| | 1000 ~ | | | | | | _ | | | |
|---|--|----------------------------------|---|-----------------|--------------------|---------------------|------------------------------------|--|------------------------|-----------------------------|
| DOCUMENT # P97000014780 1. Corporation Name JULIO C. GUNDIAN, C.P.A., P.A. | | | | | | | | | | |
| | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |) (48)(66) (40)Bill ikalı batın ebili Barıl bara | 14 M14 M14 K1 1 M4 | ·#1 14141 8841 4881 |
| 9120 SOUTHWEST 9 TERRACE 9120 SOUTHWEST 9 MIAMI FL 33174 MIAMI FL 33174 | | | SOUTHWEST 9 TERRA AI FL 33174 | ST 9 TERRACE | | | | DO NOT WRITE IN THIS | S SPACE . | |
| | | | | | | | 3. | Date Incorporated or Qualifed 02/14/1997 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | FEI Number | | Applied For |
| 21 | | | 26 | | | | 65-0729247 | | Not Applicable | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 5. | Certifcate of Status Desired | | Additional Required | |
| City & State | | | City & State | | | | - 6 | Election Campaign Financing | \$5.0 | 0 May Be |
| 23 | | 28 | ————— ´ | | | | | Trust Fund Contribution | Added | d to Fees |
| Zip | Country | | Zip Country | | | | 8 | . This corporation owes the current year Ir | | 1 |
| 24 | 25 | 29 | 29 30 | | | | | Personal Property Tax. | ☐Yes | <u>©</u> No |
| 9. Name and Address of Current Registered Agent | | | | | 1 | | 10 | Name and Address of New Registered | Agent | |
| | | | | | 81 | Name | | | | |
| GUNDIAN, JULIO C | | | ł | 82 Street Addre | | iress (l | P.O. Box Number is Not Acceptable) | | | |
| 9120 SW 9 TERRACE | | | L | | | | | | | |
| MIAMI FL 33174 | | | | i | 83 | | | | | |
| | | | | | 84 City | | | FI | 85 Zij | p Code |
| 11. Pursuant office or reagent. I a | egistered/agent, or both, in the Sta m familiar with, and accept ine obli | ite of Florida igations of, S | a. Such change was au Section 607.0505, Flor | ida,≩tatu | tes. | tne corporati | poratio | on submits this statement for the purpose of coard of directors. I hereby accept the appoint J_{an} B , I | AIILITICITE AS | ts registered registered |
| SIGNATURE | O | odean | | GUN | | it signature requir | ad when | | | |
| 12. | Signature, typed or printed name of registered a | | 7, | 13. | - goil | it signature requir | 00 47.01. | ADDITIONS/CHANGES TO OFFICERS A | ND DIREC | TORS IN 12 |
| TITLE | PSTD | | DELETE | | 1,1 TITLE | | | | [] Chang | |
| NAME | GUNDIAN, JULIO C | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 9120 SOUTHWEST 9 TERRACE | | | 1.3 ST | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33174 | | | 1.4 C/T | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 2.1 TI | | | | | Chang | e 🗀 Addition |
| NAME | | | | 2.2 NA | ME | | | | | ļ |
| STREET ADORESS | | | | 2.3 STF | REET | FADDRESS | | | | |
| CITY-ST-ZIP | | | | 2.4 CI | TY-S | T-ZIP | | · | | |
| | | | ☐ DELETE | 3.1 111 | LΕ | | | ŧ, | ☐ Change | e 🔲 Addition |
| NAME | | | | 3.2 NA | ME | ! | | A Company of the Comp | | |
| STREET ADDRESS | | | | 3.3 STI | REET | ADORESS | | | | Ì |
| CITY-ST-ZIP | | | | 3.4. Cf | TY-S | T-ZIP | | | | |
| TITLE | | | ☐ DELETE | 4.1 TIT | LE | | | | Chang | e 🔲 Addition |

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 annual 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, with all other like empowered.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Windim Tulio C. Gyndian NTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

□ DELETE

Change

Change

Addition

☐ Addition