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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000026799

1. Corporation Name

G & G COMPLETE MAINTENANCE, INC.		
Principal Place of Business	Mailing Address	
4271 SW 75 AVE	4271 SW 75 AVE MIAMI FL 33155	

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90002 024 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/20/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ----Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Inter-Country □No Personal Property Tax. 30 24 10. Name and Address of New Register 9. Name and Address of Current Registered Agent ROCHETEAU, RALPH Street Address (P.O. Box Number is Not Acceptable) 5757 NW 11 STREET STE 160 MIAMI FL 33126 83 85 Zip Code 84 City 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 egent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE 12 NAME GONZALEZ, MARTHA M NAME 4271 SW 75 AVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE GONZALEZ, NELSON J NAME 4271 SW 75 AVE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ___ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME

of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 on or the receiver or trustee empowered to execute this report as required by Chapte 607, Florida Statutes; and that my name appears in or on an attachment with an address, with all other like empowered. CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual report or officer or director of the corporat Block 12 or Block 13 if changes.

6.4 CITY-ST-ZIP

6.3 STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)