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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700041840

G & C CONCORD SOUTH, CORP.

Principal Place of Business

Mailing Address

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90144 023 \*\*\*150.00



MIAMI FL 33178	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	05/12/1997
2a. Mailing Address	4. FEI Number Applied For
26	65-0760187 . Not Applicable
Suite, Apt. #, etc.	5. Certifcate of Status Desired See Required
City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Cou	8. This corporation owes the current year Intangible Personal Property Tax. X Yes No
nt Registered Agent	10. Name and Address of New Registered Agent
	81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
	83
	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Cou

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)  DATE					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	☐ Change	Addition	
NAME	CASTRO, GABRIEL G	1.2 NAME		}	
STREET ADDRESS	9000 N.W. 97TH TERRACE	1.3 STREET ADDRESS		.	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP			
TITLE	☐ DELETÉ	2.1 TITLE	Change [	Addition )	
NAME		2.2 NAME			
STREET ADDRESS	and the same of th	-2.3 STREET ADDRESS	ere e		
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	Change	Addition	
NAME		3.2 NAME			
STREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition	
NAME		4. 2 NAME		ļ	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	· Change	Addition	
NAME		6.2 NAME	`		
STREET ADDRESS		6.3 STREET ADDRESS		1	
CITY-ST-ZIP	Alf that the information applied with this filter door not qualify for the	6.4 CITY-ST-ZIP	Continued AAD OT/OVE). Florida Chabulan I further codification the inference	mation	

Indeedy cetting that the mioritization supplied with his him goes not quality for the exemption stated in Section 118.07(3)(i). Florida statutes. If the cetting that the mioritization 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.

SIGNATURE:

312.666.4428

Zip Code