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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051626 (4)

GBB ENTERPRISES INC.

Principal Place of Business Mailing Address
11057 8.W. 137TH PLACE 11057 S.W. 137TH PLACE MIAMI FL 33186 MIAMI FL 33186

FILED
Apr 28 1998 8:00am
Secretary of State



| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   City & State   City & State   State | Yes 🔲 No   |
|--|--|
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. | Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. | Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No                |
| City & State  Street Address of Current Registered Agent  PINEDA, GUSTAVO A  11057 S.W. 137TH PLACE  MIAMI FL 33188  81 Name  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed turne of registered agent and toer' applicable.  (NOTE Registered Agent signature required when renstating)  DATE   | Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No                                  |
| City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the operation of the company of the country  R. This corporation owes or has paid the country of the country  | \$5.00 May Be Added to Fees current year Intangible Yes No   |
| Zip Country Zip Country B. This corporation owes or has paid the coperation of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed timing of registered agent and loce if applicable.  (NOTE Begistered Agent signature required when reinstating)  DATE  Trust Fund Contribution  R. This corporation owes or has paid the operation of the personal Property Tax due June 30.  Personal Property Tax due June 30.  Name and Address of New Registered  Street Address (P.O. Box Number is Not Acceptable)  B. Name  Street Address (P.O. Box Number is Not Acceptable)  B. Name  Street Address (P.O. Box Number is Not Acceptable)  F. City  F. Country  B. This corporation owes or has paid the operation of Name and Address of New Registered Agent Agent Street A | Added to Fees current year Intangible Yes  |
| Zip Country Zip Country Signature, typed or protect feeds agent and toe of Feedback Signature required when renasting)  Pine Date Country Signature, typed or protect feeds agent and toe of Feedback Signature required when renasting)  Pine Date Country Signature, typed or protect feedback Signature required when renasting)  Personal Property Tax due June 30.  Personal Property Tax due Jun | current year Intangible<br>Yes   |
| 24 25 29 30 Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  PINEDA, GUSTAVO A 11057 S.W. 137TH PLACE MIAMI FL 33186  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City  F. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed thems of registered agent and lose if applicable. (NOIE Registered Agent signature required whon reinstating)  DATE  | Yes 🗌 No   |
| PINEDA, GUSTAVO A 11057 S.W. 137TH PLACE MIAMI FL 33186  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  F  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed thems of registered agent and lose if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  |  |
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| PINEDA, GUSTAVU A 11057 S.W. 137TH PLACE MIAMI FL 33186  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  F.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed thems of registered agent and lose if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  |  |
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| SIGNATURE Signature, typod or printed here of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating)  DATE   |  |
| SIGNATURE Signature, typod or printed here of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating)  DATE   | ) of changing its registered<br>appointment as registered  |
| Signature, typod or printed having of registered agent and time if applicable (NOTE Registered Agent signature required whon reinstating) DATE   |  |
| Constitution of the consti |  |
|  |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A   | Change Addition  |
|  | change nowhou  |
| NAME PINEDA CUSTANO  |  |
| STREET ADDRESS 1.3 STREET ADDRESS 1.5 SW 1377 1700   | •  |
| CITY-ST-ZIP 14 CITY-ST-ZIP MAKE THE STATE  | Change Addition  |
| TITLE DELETE 2.1 TITLE   | Cutange D Addition   |
| NAME 2.2 NAME  |  |
| STREET ADDRESS 2.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 2. 4 CITY-S1-ZIP  TITLE 3.1 TITLE 3.1 TITLE  | Change Addition  |
|  | C CHANGE C NOUNDIN   |
| NAME 3.2 NAME  |  |
| STREET ADDRESS 3.3 STREE) ADDRESS  |  |
| CITY-ST-ZIP  | Change Addition  |
|  | Change Addition  |
| NAME 4.2 NAME  |  |
| STREET ADDRESS 4.3 STREET ADDRESS  | ·  |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  | Change Addition  |
| 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   |  |
| NAME 6.2 NAME  | ☐ Change ☐ Addition  |
| STREET ADDRESS 58 STREET ADDRESS   | ∟ Change ∟ Addition  |
| CITY-ST-ZIP  64 CITY-ST-ZIP  14. I hereby cedify that the information supplied with this Hind does not ortalify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further  | ☐ Change ☐ Addition  |

I hereby certify that the information supplied with this slitting does not entirely by the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental pertir is tyle and accurate and that my signalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the renewed private of residence of the corporation or the renewed private of the corporation of the corporation or the renewed private of the corporation of the corpor

01-13-00 (305) 373 600