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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051626

1. Corporation Name

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90010 049 ***150.00

GBB ENTERPRISES INC.								
Principal Ptace of Business Mailing Address							BELDE TIMIN NEILE	. 11010 0111 1001
11057 S.W. 137	TH PLACE	11057 S.W. 137TH PLACE				_		
MIAMI FL 33186		MIAMI FL 33186						
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		-
		A fallow Address				06/11/1997 4. FEI Number		oplied For
-	lace of Business	2a. Mailing Address				55		ot Applicable
21		26 Suite Apt # etc	Suite, Apt. #, etc.			65-0761133 A		Additional
Suite, Apt.	#, etc.	⊢				5. Certifcate of Status Desired	-	equired
City & State		27 City & State				-6. Election Campaign Financing	-\$5.00	Mey Be
23		·	28			- 6, Election Campaign Financing - \$5.00 May Be - Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	untry		a. This corporation owes the current year In	tangible	
24	25	29	30	•		Personal Property Tax.	Yes	□No
24)	9. Name and Address of Curren		11	T		10. Name and Address of New Registered	Agent	
				81	Name			
	DA, GUSTAVO A			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1	57 S.W. 137TH PLACE	•		02	Street Addre	ssa (1.0. bbx (famber is free/recopiable)		
MAIM	MI FL 33186			83				
					Oib.		85 Zip	Code
				84	City	FI	_ 65 24	Cous
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statu	ites, the a	bove	-named corpo	pration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a	authonzei	d by I	ine comoration	n's board of directors. I hereby accept the appo	intment as re	gistered
		11010 01, 0000011 001.00001	01100 0101					
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registere	d Agent	signature required	when reinstating) DATE		;
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 T	TLE		•	Change	Addition
NAME		PINEDA, GUSTAVO A. 12N		IAME				
STREET ADDRESS	11057 SW 137 PLACE		1.3 \$	TREET	ADDRESS			1 7
CITY-ST-ZIP	MIAMI FL 33186	MIAMI FL 33186 1.40						1.3
TITLE			1.4 0	ITY-ST	-ZIP		E-101	- Addition
NAME	2.2 M		1.4 C 2.1 T		-ZIP		Change	Addition
STREET ADDRESS		☐ DELETE	2.1 T		-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition :
CfTY-ST-ZIP		☐ DELETE	2.1 T 2.2 N	TLE IAME	ADDRESS	· · · · · · · · · · · · · · · ·	Change	Addition
5TITLE			2.1 T 2.2 N 2.3 S 2.4 (TTLE IAME TREET CITY-S	ADDRESS			
, <u></u>		☐ DELETE	2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	TILE IAME TREET CITY-S	ADDRESS		☐ Change	
NAME			2.1 T 2.2 N 2.3 S 2.4 C 	TTLE IAME TREET CITY-S TTLE IAME	ADDRESS T-ZIP			
			2.1 T 2.2 N 2.3 S 2.4 C 	ITLE IAME TREET CITY-S TITLE VAME	ADDRESS T-ZIP ADDRESS			
NAME		□.DELETE. •	2.1 T 2.2 N 2.3 S 2.4 C 	TTLE TAME TREET CITY-S TILE VAME STREET CITY-S CITY-S	ADDRESS T-ZIP ADDRESS		Change	Addition
NAME STREET ADDRESS			2.1 T 22 N 2.3 S 2.4 G 	TITLE TREET CITY-S TITLE TREET CITY-S TITLE TITLE	ADDRESS T-ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP		□.DELETE. •	21T 22N 23S 2.4(31.T 32N 33S 34.0 4.1T	TITLE TAME STREET CITY-S' TAME STREET CITY-S' TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	21T 22N 23S 240 31T 32N 34.0 41T 4.2f 43S 440 5.11 52N	TITLE STREET CITY-S' TITLE LAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-STITLE NAME STREET CITY-STITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition
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14. I hereby certify that the information supplied with this filing toos 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 troughout 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 of trystee 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: