SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053368 (1)

GSB DESIGN, INC.

Mailing Address

March March as UKIN has South 18 18 18

FILED Oct 07 1998 8:00am Secretary of State



9/20/8

(305)667-2677

| Principal Place | e of Business | Malling Address | | | | 1 (Spilon) (in call the party party party | aniai diid | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , |
|--|---|---------------------------------|----------|--------------------|----------------|--|-----------------|-------------|---|--------------|
| ONE INTERNATI | IONAL PLACE. SUITE 2800 | ONE INTERNATIONAL PLACE, SUITE | | |) | | | | | |
| 100 S.E. 2ND STREET | | 100 S.E. 2ND STREET | | | | DO NOT WRITE IN | 1 2 214T | PACE | | |
| MIAMI FL 33131 | ł | MIAMI FL 33131 | | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | | 06/16/1997 | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | TA | pplied For | \dashv |
| - 1'a | Tylica. | 26 6910 Tulipan | | | | 65-0767114 | | <u> </u> | ot Applicabl | le |
| 21 69(0 Suite, Apt. | # els | Suite, Apt. #, etc. | | | | | 1 | | Additional | <u></u> |
| 22 | π, θio. | 27 | | | | 5. Certificate of Status Desired | 1 . | | equired | |
| City & State | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | _ |
| 23 Corol | GODDES , FZ | 28 Coral 69bles, | | | Ĭ. | Trust Fund Contribution Added to Fee | | | | |
| Zip | Country | Zip Coun | | | | | | angible | | |
| ²⁴ 33 | a a man | | 33147 30 | | | Personal Property Tex due June 30. Yes No | | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | | |
| SANCHEZ-MEDINA, ROLAND JR. | | | | | Name | | | | | |
| ONE INTERNATIONAL PLACE, SUITE 2800 | | | | 82 | Stenat Adden | os (D.O. Boy Number Is Not Acceptable) | | <u> </u> | | \dashv |
| 100 S.E. 2ND STREET | | | | | 201 5. | ss (P.O. Box Number is Not Acceptable). BISCUM BIVE. | Blv4. Soit 2200 | | | |
| | All FL 3 3131 | | | 83 | | 7,54,5 | | | | |
| HII/W | W 1 C 00 10 1 | | | | 0'' | | | ne Zio | Codo | |
| | | | | 84 | City i q m | i | FL | °° 33 | Code 3131 | |
| 11. Pursuant | to the provisions of sections 607.0502 | and 607,1508, Florida Statutes, | the ab | OVE-II | amed corpora | ation submits this statement for the purpose | of chan | ging its re | egistered | |
| office or i | registered agent, or both, in the State o | i Florida. Such change was auti | norize | o by t | ine corporatio | n's board of directors. I hereby accept the | appoi nt | ient as re | gistered | |
| agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICER | S AND | DIRECTO | ORS IN 12 | § |
| TITLE | PN/T/S/b Gisda Sanchez-Birre | (DELETE | 1.1 Ti | ITLE | | | | Change | Additio | |
| NAME | ∤/ | 1.2 NAM | | | | | | | 8 | |
| STREET ADDRESS | 16910 Tulipan Ct. | | | | ADDRESS | | | | | K |
| CiTY-ST-ZIP | Copal Gables, 71. 33 | H3 | 1.4 CIT | | ZIP | | | | | C |
| TITLE | | DELETE | 2.1 1111 | | | | L_ | Change | Additio | on - |
| NAME | | : | 2.2 N | AME | | | | | | |
| STREET ADDRESS | | | 2.3 ST | TREET A | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 2.4 CI | | ZIP | | | | | |
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| NAME | | 3.2 NA | | .2 NAME | | | , | | | - |
| STREET ADDRESS | | 3.3 ST | | STREET ADDRESS | | | | | | |
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| CITY-ST-ZIP | | | 4.4 CI | ITY-ST-2 | ŽIP | <u> </u> | | | | |
| TITLE | DELETE | | | 5.1 TITLE | | | Ļ | Change | Additio | on |
| NAME | | | 5.2 NAME | | | | | | | - |
| STREET ADDRESS | ADDRESS | | 5.3 S1 | 5.3 STREET ADDRESS | | | | | | 1 |
| | | | 5.4 CI | ITY-ST-Z | ZiP | | | | | |
| TITLE | DELETE | | 6.1 TI | S.1 TITLE | | | | Change | Additio | on |
| NAME | | | 6.2 N | AME | | | | | | |
| STREET ADDRESS | : | | 6.3 ST | TREETA | ADDRESS | | | | | |
| CITY-ST-ZIP | <u>-</u> | | 6.4 C | 17Y-ST-7 | 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 one attachment with an address. | | | | | | | | | | |