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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000053368**1. Corporation Name

GSB DESIGN, INC.

Principal Place of Business

6910 TULIPAN 6910 TULIPAN CORAL GABLES FL 33143 **CORAL GABLES FL 33143** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/16/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0767114 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State -П Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND JR. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD **SUITE 2200** 83 MIAMI FL 33131 Zip Code 85 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signati Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE PVST -TITLE 1.2 NAME SANCHEZ-BIRRIEL, GISZLA NAME 1.3 STREET ADDRESS 6910 TULIPAN CT. STREET ADDRESS 1.4 CITY-ST-ZIP CORAL GABLES FL 33143 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF : 🗀 Change 🕻 🔛 🔲 Addition DELETE 4.1 TITLE

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

4.2 NAME

SITITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

P/86

1000

Supplied to

CITY-ST-ZIP

DELETE

☐ DELETE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90028 026 ***150.00

Addition

☐ Addition

Change