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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000069965 (6)

**FILED** Feb 27 1998 8:00am Secretary of State

GH P/	AVERS, INC.					
Principal Place	e of Business	Mailing A	ddress	<del></del>		
1275 SOUTHWEST 46TH AVENUE			1275 SOUTHWEST 46TH AVENUE			
SUITE 402	DELOU PL 05000		SUITE 402 POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SPACE
POMPANO	BEACH FL 33069	POMP	FOMPANO BEACH PL 33003			3. Date Incorporated or Qualified
						08/13/1997
Principal Place of Business     21			. Mailing Address			4. FEI Number 0773777 Applied For Not Applicable
Suite, Apt.	#, etc		Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	θ		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> ] Zip	Country	28	Zip Country			8. This corporation owes or has paid the curve year Intangible
24	25	29	ı ' <del> </del> -		,	Personal Property Tax due June 30. Yes No
24]	g, Name and Address of Current				0	10. Name and Address of New Registered Agent
Δ	MERILAWYER CHARTERED			81	Name	15P1R /1177
	43 ALMERIA AVENUE			82	Street Adds	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 83184				04	Stieet Addin	less (F.O. Box Nulliber is Not Acceptable)
COLOR DANGE OF L COLOR					127	5 (1.) 46 KUKNUK CLOD
				84	City	85 Zip Code
					1 105	MARNO BOACL FL   1
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						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose or changing its registered office or registered agent, or both, in the State of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am applicant with, and agont the original properties of Section 607.0505. Florida Statutes.						
SIGNATURE	X	XOnt	0#//	1		J 1 7 1 8
Old William	Signature, typied or product rule in it is under diagrin	fined late (applica	iich doit		ent signature requir	red when reinstating) DATE
12.	OF HCPRS AND	DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TULE	PSTD (.		[] bittit	1.1 TITLE		County County
NAME	RUIZ, GISELE S	Chic		1.2 NAME		
STREET ADDRESS	1275 SOUTHWEST 46TH AV		1.3 STREET ADDRESS 1.4 City - ST - Zip			
CITY-ST-ZIP TITLE	POMPANO BEACH FL 33069		DELETE	2.1 TITLE	81-ZIP	Change Addition
NAME				2.2 NAME		
STREET ADDRESS					T ADDRESS	
				2. 4 CITY		
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE	51-211	Change Addition
NAME			_	3.2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP				3.4. CITY		ļ
TITLE			☐ DELFTE	4.1 TITLE		Change Addition
NAME				4. 2 NAM	:	į
STREET ADDRESS		•		4.3 STREE	T ADDRESS	
CITY+ST-ZIP				4 4 C#TY-	ST-ZIP	
TITLE			DELETE	5 1 TITLE		Change Addition
NAME				5 2 NAME		
STREET ADDRESS	•			5 3 STREE	T ADDRESS	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	1 ADDRESS	
CITY-ST-ZIP				6.4 CITY-		
	and the state of t	لم بديدة الأسانية ما		44	maine mandad in	Section 119 07(3Vi) Florida Statutes I further certify that the Information

indicated on this annual report or supplied which ining does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 congration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in