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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000072187

1. Corporation Name

THE GDR PARTNERSHIP, INC.

Principal Place of Business	
366 MIRACLE MILE	
CODAL CARLES EL 22124	

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90184 042 ***150.00



Principal Place of Business	Maining Address	3									
366 MIRACLE MILE 366 MIRACLE MILE CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE						
					1	Date Incorporated or Qualifed 08/20/1997					
2. Principal Place of Business	2a. Mailing Add	ress			4.	FEI Number		Applied For			
1	26					65-0776259		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State 28 Zip Country			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax. Yes □No						
9. Name and Address of Cui	rent Registered Agent				10.	Name and Address of New Registered A	gent				
DE LOS REYES, DIANA PINTO			81	Name							
3001 SW 1ST AVE #201			82	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33129			83								
· · · · · · · · · · · · · · · · · · ·			84	34 City FL 85 Zip Code							
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Flo	rida Statutes, the a	bove			submits this statement for the purpose of	hangii	ng its registered			

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's 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: Re	gistered Agent signature re	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	13.			TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE ·	P DELETE	1.1 TITLE				☐ Change	Addition
NAME	DE LOS REYES, RAFAEL J	1.2 NAME					
-	ACCUPATION OF COL	1.3 STREET ADDRESS				•	
STREET ADDRESS	· ·	1.4 CITY-ST-ZIP					
CITY-ST-ZIP	MIAMI FL 33129 ☐ DELETE	2.1 TITLE			,	☐ Change	Addition
TITLE	₩F .	2.2 NAME		•		_ •	_
NAME	DE LOS REYES, DULCE			-			
STREET ADDRESS	1	2.3 STREET ADDRESS					
CITY-ST-ZIP ~	MIAMI FL 33155	2. 4 CFTY+ST+ZIP	-			Change	☐ Addition
TITLE	VP □ DELETE	3.1 TITLE				☐ Change	- Vadireni
NAME	DE LOS REYES, RAFAEL	3.2 NAME			-	,	
STREET ADDRESS	5750 SW 45 TERR	3.3 STREET ADDRESS			-		
CITY-ST-ZIP	MIAMI FL 33155	3.4. CITY-ST-ZIP					
TITLE	VP DELETE	4.1 TITLE				Change	☐ Addition
NAME	DE LOS REYES, DIANA	4. 2 NAME	•			•	
STREET ADDRESS	3001 SW 1 AVE, 201	4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33129	4.4 CITY-ST-ZIP		·			
TITLE	DELETE	5.1 TITLE				Change	☐ Addition
NAME		5.2 NAME					
STREET ADDRESS	\bigcap	5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP		`		·	
TITLE	DELETE	6.1 TITLE				☐ Change	Addition
NAME		6.2 NAME			ė	. •	
STREET ADDRESS		6.3 STREET ADDRESS				•	
CITY-ST-ZiP		6.4 CfTY-ST-ZiP					
0111-01-21F			in Continu 440 0	(OV) Florido Ct	otutos I fuetbor	cortify that the in	formation

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 trivistee 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: