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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000101422 (8)

GONAREZ IMPORT & EXPORT, INC.

FILED Mar 24 1998 8:00am Secretary of State

| Principal Place of Business | | Mailing Address | | T TRAILED 150 ISIN 1801 1801 BOIL BOIL BOIL BLIEF 1131 BOIL 1111 BIR 1111 INDI | | |
|---|---|--|---------------------|--|---|-------------------------|
| 201 ALHAMBRA CIRCLE | | 201 ALHAMBRA CIRCLE | | | | |
| SUITE 711 | | SUITE 711 | | DO HOT INDITE TO THE OFFICE | | |
| CORAL GABLES FL 33134 | | CORAL GABLES FL 33134 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 12/02/1997 4. FEI Number | TA-C-C- |
| 21 2708 W 84Th Street | | 26 2708 W 84 Th Street | | 65-0799976 | Applied For | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | Not Applicable \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & Stat | 0 | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Hialeah - Florida. Zip Country | | 28 Hioleah - Florida | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | - | 8. This corporation owes or has paid the co | |
| 24 3301 | 6 25 U.S. A. | | 0 U.S. | 4 . | 1 | Yes 🗆 No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered | l Agent |
| RAPPORT, STEPHEN R | | | B1 N | lame | | |
| 201 ALHAMBRA CIRCLE | | | 82 S | treet Addre | ss (P.O. Box Number is Not Acceptable) | |
| SUITE 711 | | | | | , | |
| CC | ORAL GABLES FL 33134 | | 83 | | | |
| | | | 84 C | ity | | 85 Zip Code |
| 11 Purcuant | to the provisions of Sections 607 0502 | and 607 1509. Elorida Cratutos | the chave o | annal agena | F | |
| office or r agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligat | f Florida. Such change was autions of, Section 607.0505, Flori | thorized by the | e corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | pointment as registered |
| SIGNATURE | Signature, typed or posited name of registered agent | and title if applicable (NOTE: | Rogistered Agent si | anature requirer | d when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | gratar o redon ec | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | NARVAEZ, ANGELA M | | 1.2 NAME | | | _ • |
| STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 711 | | E 711 | 1.3 STREET ADD | RESS | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 1.4 CiTY+ST-Zi | p j | | |
| TITLE | ☐ DELETE | | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADD | RESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-Z | IP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADD | RESS | | |
| CITY - ST - ZIP | | | 3.4. CITY-ST-Z | P | | |
| TITLE | | □ DELETE | 4.1 TITLE | | | Change Addition |
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| STREET ADDRESS | | | 4.3 STREET ADD | RESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZII | | | |
| TITLE | | L_) DELETE | 5.1 TITLE | | ····· | Change Addition |
| NAME | | | 5.2 NAME | | | ! |
| STREET ADDRESS | | | 5.3 STREET ADD | RESS | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZII | · | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | Ì | | |
| STREET ADDRESS | | | 6.3 STREET ADD | RESS | | |

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 on an attachment with an address.

SIGNATURE: ANGELA MARIA IVARUAGE VINIGILE AMARIA