

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P 97000101422  
 1. Corporation Name

**GONAREZ IMPORT & EXPORT, INC.**

Principal Place of Business

Mailing Address

 2708 W 84 STREET  
 HIALEAH, FL. 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/97

4. FEI Number

65 0799976

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75** Additional  
 Fee Required

 6. Election Campaign Financing  
 Trust Fund Contribution ☐
**\$5.00** May Be  
 Added to Fees

 8. This corporation owes or has paid the current year Intangible  
 Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 ANGELA MARIA NARVAEZ  
 2708 W 84 STREET  
 HIALEAH, FL. 33016

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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. 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

TITLE ☐ DELETE
 NAME  
 PSD  
 MARIA ANGELA NARVAEZ  
 STREET ADDRESS  
 2708 W 84 STREET  
 CITY-ST-ZIP  
 HIALEAH, FL. 33016
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
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TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-99

Date

(302) 821-9886

Daytime Phone # 0258574

CR2E034 (10/97)