

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000106835**

1. Corporation Name

G & O ELITE DISTRIBUTORS, INC.

Principal Place of Business

20725 NE 16 AVE
BAY A-20
NORTH MIAMI BEACH FL 33179

Mailing Address

20725 NE 16 AVE
BAY A-20
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

21 **1948 NW 82nd Avenue**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 **Miami, Florida**

City & State

28 **SAME**

Zip

24 **33126**

Country

25 **USA**

Zip

29 **SAME**

Country

30 **USA**

9. Name and Address of Current Registered Agent

GOLDRAT, OREN
3552 MAGELLAN CIRCLE #124
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

65-0800766

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 the current year
Intangible Personal Property.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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)

July 12, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVT** ☐ DELETE

NAME **GOLDRAT, OREN**
STREET ADDRESS **3552 MAGELLAN CIRCLE #124**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **DPS** ☐ DELETE

NAME **SHOVAL, GIL**
STREET ADDRESS **6001 TREE LANDING DRIVE**
CITY-ST-ZIP **DAVE FL 33314**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE **DVT** ☒ Change ☐ Addition

1.2 NAME **Oren Goldrat**
1.3 STREET ADDRESS **9520 E. Broadview Dr.**
1.4 CITY-ST-ZIP **Bay Harbor Island, FL 33154** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Date

July 13, 1999

Daytime Phone #

CR2E034 (5/99)

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90005 037 ***165.00

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G & O ELITE DISTRIBUTORS, INC.
1948 NW 82ND AVENUE
Miami, Florida 33126
PH: 305/597-8989 FAX: 305/597-3838

July 12, 1999

Ms. Katherine Harris
Secretary of State
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302

Dear Katherine Harris:

Please be advise that G & O Elite Distributors, Inc. moved on February 12, 1999. Regarding your second notice of the Profit Corporation Annual Report we did not receive the first packet. Although we filled out a change of address with the post office, it may be possible that the original packet may have been returned to your office.

Please note that since our company is new to us, we were not advised by our Attorney regarding the Profit Corporation Annual Report and were not aware of this document and its importance.

When the second notice arrived, I immediately contacted my accountant and was advise to fill out the report, accompany it with this letter and check for \$165.00 for the filing fee. However, we know that we are late in returning this document, but we would highly appreciate if you can waive the penalty.

If you require further information, please do not hesitate to contact me.

Sincerely Yours,

G & O Elite Distributors, Inc.

Oren Gold


OR/mr