

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90240 009 ***150.00

DOCUMENT # P98000011344

1. Corporation Name

G.A.R.A.L. OF MIAMI, INCORPORATED

Principal Place of Business

1058 NW 22 STREET
MIAMI FL 33127

Mailing Address

1058 NW 22 STREET
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

65-0813047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, EDUARDO J
1101 BRICKELL AVENUE SUITE 702 S
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME NOVOA, GUILLERMO I
STREET ADDRESS 991 IBIS AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE DV ☒ DELETE
NAME ROMERO, ANTONIO
STREET ADDRESS 13601 SW 6 ST
CITY-ST-ZIP MIAMI FL 33184

TITLE DT ☐ DELETE
NAME SORDO, ASISCLO
STREET ADDRESS 2231 SW 14 STREET
CITY-ST-ZIP MIAMI FL 33145

TITLE DS ☒ DELETE
NAME ROBERT, MARTHA
STREET ADDRESS 7911 SW 13 TERRACE
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME ANTONIO ROMERO
1.3 STREET ADDRESS 13601 SW 6 ST.
1.4 CITY-ST-ZIP MIAMI, FL 33184

2.1 TITLE V-PRESIDENT ☒ Change ☐ Addition
2.2 NAME INES CARRAL
2.3 STREET ADDRESS 13601 SW 6 ST.
2.4 CITY-ST-ZIP MIAMI, FL 33184

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME INES CARRAL
4.3 STREET ADDRESS 13601 SW 6 ST.
4.4 CITY-ST-ZIP MIAMI, FL 33184

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 23/99

305-324-5135

Date

Daytime Phone #

CR2E034 (11/98)