

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 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90118 005 \*\*\*150.00

DOCUMENT # P98000015051

1. Corporation Name  
GUVIJON CORPORATION, INC.

Principal Place of Business  
12500 N.E. 15TH AVENUE  
#602  
NORTH MIAMI FL 33161

Mailing Address  
12500 N.E. 15TH AVENUE  
#602  
NORTH MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

65-0878150

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UYEN, GILDA  
12500 N.E. 15TH AVENUE  
#602  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

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

1900 N. Hibiscus Dr

83

84 City

North Miami Beach

FL

FL

85 Zip Code

33181

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME UYEN, GILDA  
STREET ADDRESS 12500 N.E. 15TH AVENUE, #602  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE  
NAME BERNAL, VICTOR  
STREET ADDRESS 12500 N.E. 15TH AVENUE, #602  
CITY-ST-ZIP NORTH MIAMI FL 33161

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 D-1P ☐ Change ☐ Addition  
1.2 NAME UYEN, GILDA  
1.3 STREET ADDRESS 1900 N. Hibiscus Dr  
1.4 CITY-ST-ZIP ~~NORTH~~ NORTH MIAMI BEACH FL 33181

2.1 TITLE D.S. ☐ Change ☐ Addition  
2.2 NAME BERNAL, VICTOR  
2.3 STREET ADDRESS 1900 N. Hibiscus Dr  
2.4 CITY-ST-ZIP NORTH MIAMI BEACH 33181

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 305-891-0273

CR2E034 (11/98)