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**

DOCUMENT # P98000029925 1. Corporation Name

G. & S. SALES, INC.

Principal Place of Business

Mailing Address

4741 WEST FLAGLER STREET

4741 WEST FLAGLER STREET

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90048 020 ***150.00



MIAMI FL 33126 4739 W Flathley 51 2. Principal Place of Business		MIAM! FL 33126		DO NOT WRITE IN THIS SPACE
		51		3. Date Incorporated or Qualified
				04/01/1998
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEJ Number Applied For
21		26		65-0824574 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Vers No
24	25		30	Personal Property Tax. Ves No 10. Name and Address of New Registered Agent
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New Registered Agent
SAN	CHEZ, LUIS			MARIA NUTEZ
	WEST FLAGLER STREET		82 Street	Address (P.O. Box Number is Not Acceptable)
	AI FL 33126		83	- 47774 0/ 1/ -
,,,,			47	191 W. FLAGIER 579 139 W FIAMOD
			84 City	197 W. FLAGIER 5-7 4739 W FLAHAS niami FL 85 Zip Code 333/34
11 Durement	to the provisions of Sections 607	0502 and 607 1508 Florida Statute	s the above-named	corporation submits this statement for the purpose of changing its registered
office or re	egisterent algent, or both, in the S	tate of Florida. Such change was au	thorized by the comp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I ar	mramilar with and accept the ol	bligations of, Section 607.0505, Flori	da Statutes.	1/2.100
SIGNATURE	Signotare, type() or finited name of registere	ad agent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TiTLE	moriginal classes 57 minning FL 33/34
NAME	SANCHEZ, LUIS		1.2 NAME	maria-Nunez 4739 w FlAblest
STREET ADDRESS	4741 WEST FLAGLER STR	EET	1.3 STREET ADDRESS	40004 189 ELBSIER ST
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	m94mi, FL 33/34
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		□ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME .			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 an antachment with an address, with all other like empowered.

SIGNATURE: