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
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90151 011 ***150.00

DOCUMENT # P98000065017

1. Corporation Name

G & C FLORIDA ENTERPRISES INC.

Principal Place of Business	Mailing Address
9707 SW 106 TER	9707 SW 106 TER
MIAMI FL 33176	MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/23/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21 1580 FLAMINGO CT.	26 1580 FLAMINGO CT		✓	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐		**$8.75** Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing ☐		**$5.00** May Be
23 HOMESTEAD FL	28 HOMESTEAD FL	Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24 33035	25 USA	29 33035 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MINONES, GLENN L 9707 SW 106 TER MIAMI FL 33176	81 Name GLENN L. MINONES 82 Street Address (P.O. Box Number is Not Acceptable) 1580 FLAMINGO CT 83 84 City HOMESTEAD FL 85 Zip Code 33035

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	1.1 TITLE	DP.	☐ Change ☐ Addition
NAME	MINONES, GLENN L		1.2 NAME	MINONES GLENN L	
STREET ADDRESS	9707 SW 106 TER		1.3 STREET ADDRESS	1580 FLAMINGO CT	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	HOMESTEAD FL 33035.	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☐ Change ☐ Addition
NAME	PARRELLA, CARLOS A		2.2 NAME	PARRELLA CARLOS	
STREET ADDRESS	9707 SW 106 TER		2.3 STREET ADDRESS	1580 FLAMINGO CT	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	HOMESTEAD. FL. 33035	
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		
CITY-ST-ZIP			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 REG GLENN L. MINONES_ 04-28-99 (305) 807-9606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)