

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90155 018 ***150.00

DOCUMENT # P98000100421

1. Corporation Name
GOTT MEDICAL INT'L INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8357 WEST FLAGLER STREET
SUITE 107
MIAMI FL 33144

Mailing Address
8357 WEST FLAGLER STREET
SUITE 107
MIAMI FL 33144

3. Date Incorporated or Qualified

11/25/1998

2. Principal Place of Business

21 13295 B NW 107 AVE

2a. Mailing Address

26 8357 West Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 107

City & State

23 Hialeah Gardens, FLA

City & State

28 Miami, FLA

Zip

24 33018

Country

25 Dade

Zip

29 33144

Country

30 Dade

4. FEI Number

65-0881213

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

BOBES, TONY
8357 WEST FLAGLER STREET
SUITE 107
MIAMI FL 33144

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

Antonio L. Bobes
Signature, typed or printed name of registered agent and title if applicable.

ANTONIO L. BOBES - PRESIDENT 4/17/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ALVAREZ, GOAR
STREET ADDRESS 8306 MILLS DRIVE
CITY-ST-ZIP MIAMI FL 33183

1.1 TITLE
1.2 NAME ALVAREZ, ALINA V. P. ☒ Change ☒ Addition
1.3 STREET ADDRESS 8306 MILLS DR.
1.4 CITY-ST-ZIP MIAMI FL 33183

TITLE D ☐ DELETE
NAME BOBES, TONY
STREET ADDRESS 8002 S.W. 9TH TERRACE
CITY-ST-ZIP MIAMI FL 33144

2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME BOBES, TONY
2.3 STREET ADDRESS 8002 SW 9TH
2.4 CITY-ST-ZIP MIAMI FLA 33144

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Antonio L. Bobes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO L. BOBES
PRESIDENT

4/17/99
Date

(305) 737-1396
Daytime Phone #

CR2E034 (1/98)