PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000102545

FLORIDA DEPARTMENT OF STATE Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90126 042 ***150.00

GIIIIGO	INCORPORATED				
Principal Plac	e of Business	Mailing Address			E MANTE FIELD? BINÈT BARRA BANT AÈRE
21085 N.E. 34TH AVENUE STE. 302 21085 N.E. 34TH AVENUE STI NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 3318			E. 302	_ 2 [*]	
			00	DO NOT WRITE IN TH	IS SPACE
		للسامات بالمحاصرات	>	- 3:-Date Incorporated or Qualified :	.,,
				12/09/1998	
2. Principal Place of Business 2 1085 NG 2a. Malling Address 1 2 1085 NE 3 4 EAU 20 21085 NE 3 4 EAU 20 21			4	4. FEI Number 65 - 09.11699	Applied For
1 2 100	5NE 34711.A.E. 348A	15 26 21085 NG 34 -01	900	65-04116-1-1	Not Applicable
Suite, Apt.	A	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State 28 NORTH MANI	15 FLORION	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
31/4 33/		219 33180 3	Country	8. This corporation owes the current year Personal Property Tax.	Intangible No
(4) 33	9. Name and Address of Current		1	10. Name and Address of New Registers	d Agent
			81 Name		
MARQUEZ, WALTER N			82 Street Address (P.O. Box Number is Not Acceptable)		
21085 N.E. 34TH AVENUE STE. 302					
NOKI	TH MIAMI BEACH FL 33180		83		
			84 City	·	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,0502 registered agent, or both, in the State our familiar with, and accept the obligation	2 and 607.1508, Florida Statutes of Florida. Such change was auti ions of, Section 607.0505, Florid	, the above-named correct by the corpor a Statutes.	orporation submits this statement for the purpose ation's board of directors, I hereby accept the app	of changing its registered cointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature req	ulried when reinstating) DATE	
12.	Signature, typed or printed name of regulared agent OFFICERS AND	and the if applicable. (NOTE: R	egistered Agent signature req		AND DIRECTORS IN 12
TIFLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent eignature req 13.	ulried when reinstating) DATE	
TITLE	Signature, hyped or printed name of registered agent OFFICERS AND P ACEIGNE, GABRIEL R	and the if applicable. (NOTE: R	egistered Agent eignature req 13. 1.1 TITLE 12 NAME	ulried when reinstating) DATE	AND DIRECTORS IN 12
TIPLE NAME STREET ADDRESS	Signature, hyped or prinad name of registered agent OFFICERS AND P ACEIGNE, GABRIEL R SARMIENTO 2265	and the if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ulried when reinstating) DATE	AND DIRECTORS IN 12
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, hyped or prinad name of registered agent OFFICERS AND P ACEIGNE, GABRIEL R SARMIENTO 2265 MONTEVIDEO, URUGUAY	end the if applicable. (NOTE: R) D DIRECTORS	13. 1.1 TITLE 1.2 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	ulried when reinstating) DATE	AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, hyped or printed name of registered agent OFFICERS AND P ACEIGNE, GABRIEL R SARMIENTO 2265 MONTEVIDEO, URUGUAY VST	and the if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ulried when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, hyped or printed native of registered agent OFFICERS AND P ACEIGNE, GABRIEL R SARMIENTO 2265 MONTEVIDEO, URUGUAY VST MARQUEZ, WALTER N	end If a if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ulried when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PACEIGNE, GABRIEL R SARMIENTO 2265 MONTEVIDEO, URUGUAY VST MARQUEZ, WALTER N 21085 N.E. 34TH AVENUE STE.	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ulried when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
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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 enrural 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TTILE

52 NAME

61 IIII F

62 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME

TILE

NAME

EQUIRED NING OFFICER OF DIRECTOR

DELETE

Change

Change Addition

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